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Leading Original Articles

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 458 Dec. Recorder.)

I have spoken briefly of taxis in the treatment of strangulation. In some cases it will be impossible to reduce the strangulated hernia, and in these cases the life of the patient is dependent upon the surgical intervention instituted by the professional attendant. Strangulation is a serious complication to deal with after any considerable delay. The nutrition of the strangulated tissues is in peril, efforts at reduction may add to the injury of these damaged parts, delay will mean gangrene. The professional attendant should by all means institute operative measures before this latter condition develops, for unless he does, a considerable percentage of these cases must be lost no matter how he attempts to manage them subsequently.

The operative treatment for hernia as practiced years ago confuses some professional men. This is particularly noted in teaching undergraduate students. We hear from students, when we speak of the operative treatment of hernia as being of comparative recent date, the query, "Why, doctor, I see reports in the older literature where Colles, Gross or some other of the older surgeons had quite a reputation as operators upon ruptures?" That is true, those men operated merely for the relief of strangulation. This is a simpler operation than the one performed at the present day, and the country physician who feels that he does not sufficiently understand anatomy and surgical technic has no excuse for not at least doing such an operation as these older men performed, if he cannot secure the assistance of a competent surgeon, when facing a strangulation.

This operation consisted merely of opening the hernial sac. Then if the tissues were still resistant and prevented the contents of the sac from being replaced in the abdomen, the constricting ring of tissue was divided with a blunt pointed hernia knife guided by the finger or a director.

The description of this operation by the older writers would lead one to believe that it was a rather difficult operation, as each writer had to take particular pains to enumerate the various layers which were supposed to make up the coverings of the hernial contents, and the uninitiated supposed that each

of these must be differentiated during the operation, when as a matter of fact the operator merely cut down upon the hernial tumor deepening his incision until he opened the peritoneum of the hernia. When the sac was opened and the contents reduced, the incision was partly closed, and drainage established through the portion of the wound left open. This plan of operation may be pursued at the present day, although if the operator be careful as to aseptic or antiseptic precautions, he may close the wound without drainage in those cases where the integrity of the strangulated tissues has not been greatly endangered. As a matter of fact the modern radical operation is much simpler than the average physician supposes, and even should he not be so thoroughly acquainted with anatomy and surgical technic, if he be acquainted with certain points regarding the hernia, the healing of wounds and the integrity of abdominal wounds after incision and suture, he may operate for hernia and close his wounds so as to secure a radical cure in a large number of instances yet by no means feel that he has been able to follow the various steps of the modern operation as it is described at the present day.

There is one time when the operation of the past is applicable to the hernia of today in almost any hands, and that is in the cases where gangrene of the intestines has developed, or is feared. The general practitioner who has had comparatively little major surgery can hardly expect to resect gangrenous intestines successfully. In intestinal surgery little mistakes are often fatal. Prompt completion of operative work is necessary on the patient who has had gangrene follow strangulation. Peritonitis is also more likely to follow resection from this complication, than in other cases where resection is demanded. The simple overcoming of the strangulation, and the retention of the damaged intestines properly protected by hot cloths and hot water bottles, may save the life of the patient even though it leave an artificial anus to be dealt with subsequently.

Damaged omentum should be tied off and resected in all hernia operations. Here it is not a question of gangrene, if it is congested and inflamed it had better be removed. Large vessels which can easily be seen should be tied with catgut, the remainder of the omentum tied off en masse and then cut away below the ligatures.

As a rule, when the surgeon has cut down upon a strangulated hernia, he will find more or less fluid in the sac. When this has escaped the contents of the hernia can be reduced into the abdomen without difficulty in many instances. The incision should have been extended up to the internal ring from the first. The old method of overcoming a stricture at the neck of the sac by inserting a grooved director and then passing a probe pointed knife along it cutting the constriction blindly, should be used with caution, and avoided for free open cutting down upon the constriction, if possible.

I have spoken of operating for a radical cure, and would now discuss further some of the points regarding hernia with a view of making this operation clear to the beginner.

The man with a limited surgical experience may study the steps of the radical operation until he has them completely and absolutely memorized. He may take his anatomical charts and study them until he has every point in the anatomy memorized, then begin his first operation for the radical cure of hernia, make a skin incision, a very moderate bleeding begins, the operator becomes confused, he finds his way into the inguinal canal and into the sac of the hernia, but he has by this time lost all idea as to the various relations of tissues, and he is likely to feel that

FIGURE I

Figure 1—Illustrates the usual manner of making the skin incision in the hernia operation. The incision should correspond in length to the inguinal canal.

FIGURE II

Figure 2—In this illustration, the roof of the inguinal canal is being opened with scissors, a grooved director having been passed under the fascia of the external oblique.

FIGURE III

Figure 3—The cellular tissue is now being nicked with scissors, after being picked up and steadied with forceps. The light hemostats used in this instance might possibly be replaced to slight advantage by the regular tissue forceps, as they are controlled and handled somewhat more readily than the hemostats.

FIGURE IV

Figure 4—The sac is now being freed from its neighboring attachments. In this instance the closed hemostats are used as a blunt dissector. The surgeon should not forget in this substitution of one instrument for another that he may hamper himself, but in not a few cases the substitution in no way interferes with speed or accuracy and in such a case where the substitution eliminates unnecessary instruments it is of decided advantage to the operator who has primitive surroundings.

his operation so far as securing a radical cure is concerned is to be an absolute failure. As a matter of fact such need not be the case. He may not be able to name the tissues with which he is dealing, know not exactly as to the name of each, yet he can continue and complete his operation in a satisfactory manner, if he hold his head. Herniae are found in poorly developed people. Dissections are made in perfectly developed people, and important structures are accentuated, so that they are made conspicuous and easily recognizable in the chart. The surgeon must not expect to find the various structures all clearly defined as nature does not develop from charts.

The surgeon should remember in the entire course of the operation that he is liable to suffer from considerable confusion, if his hemostasis is imperfect. In operating for hernia, a number of small unimportant vessels are divided. These can be ignored by the practiced operator as they will close of their own accord in a few moments. They may flood the incision so as to interfere with the work of the beginner. If they do then by all means stop and search them out and snap a pair of forceps on each. Some of these small bleeders cannot be isolated. If they are interfering with the progress of the operation pick up the cellular tissue containing them with the hemostats and in this way include them. It is not advisable to practice this latter plan indiscriminately, but the operator need not hesitate if he is confused. If you are a beginner and are confused during any step in the operation stop and secure absolute hemostasis before attempting to proceed.

The object of the radical operation is to enter the inguinal canal, find the sac and cord, dissect free the neck of the sac, tie it off or suture it where it enters or widens out into the general peritoneal cavity, find the cord, and suture the tissues posterior to the cord so that the abdominal contents cannot escape again along this route.

If the operator is careful, he can find his way into the inguinal canal with considerable certainty. Above it is skin, loose cellular tissue and subcutaneous fat. External to it forming its anterior wall is the aponeurosis of the external oblique. If the external ring is illy defined, and the superficial fascia, cellular tissue and fatty tissue confuse the beginner, he should not forget that he can follow the cord from the upper portion of the scrotum into the inguinal canal. When the external ring has been exposed it is well to pass a grooved director along under the aponeurosis of the external oblique, then it can be safely divided with knife or scissors.

When the inguinal canal has been opened, it is necessary to find the sac of the hernia and the cord. If the entire contents of the inguinal canal are picked up, it will be found to contain both these structures. The cord usually lies posterior to the sac. The tissues are gradually divided until the peritoneal opening is made. The finger can then be passed into the sac and slipped through the internal ring.

The neck of the sac should now be dissected free, and if the sac be small it may be dissected out. Where the sac is large it need not be entirely removed, the portion left below will cause no trouble and it would only unnecessarily add to the operation to remove it. When the neck of the sac has been freed up to the internal ring, it may be ligated or may be cut off and the peritoneum sutured. The latter plan gives the smoothest result, but the former plan is usually preferred as it guards against hemorrhage. The cord must be kept in mind during the dissection, it usually lies posterior to the sac, and may be readily felt. It is sep-

arated and some remove any dilated vessels in the cord and a certain amount of the cellular tissue which goes to make up a portion of its bulk. This is not essential to the success of the operation and may be disregarded by the beginner. The dissection has revealed adipose, cellular, muscular and fascial layers. It is to be remembered that of all these the most important for maintaining the integrity of a wound which has been sutured will be the connective tissue layers. If muscular fibers are drawn out of line and sutured under tension or so that they will be under tension laterally, there is a tendency for them to return to their old position. If they are sutured under tension, the stitches will cut from the very beginning. Fascial layers which are sutured together and caused to heal in this way will resist tension much better than any other. It is also highly important in any case that healing be rapid, this will mean that healing must be aseptic.

In order to secure a radical cure of a hernia, the wound must be closed so that fascial layers are interposed between the interval through which the hernia made its way. The cord must be allowed to escape through a snugly fitting opening between these tissues. Below we have Poupart's ligament, a firm connective tissue band to which we can suture. To this the fascial layers from above and internally may be sutured. The operation to be a success must secure the closure of the hernial opening at its very beginning. The conjoined tendon and the internal oblique muscle and its fascia is sutured to the shelving portion of Poupart's ligament. The fascia of the external oblique may be interposed between the cord and the deeper layers of the abdomen, if the operator wishes to insure further strength at this point. The suture material should be either non-absorbable as silk or silver wire or slowly absorbable as chromatised gut or tendon sutures. The tendon sutures are probably less likely to give trouble than any others and will give most satisfactory results.

The closure of the skin wound may be accomplished in any manner satisfactory to the operator. In private house work it is well to use the same material for this as for the buried sutures as it thus prevents unnecessary multiplication of suture materials.

An excellent plan in putting on the external dressings is to use the plaster of Paris bandages. These harden as they dry and prevent the patient from exploring the parts with the finger, a possibility which we must not forget as not a few patients have an overwhelming desire to make such digital explorations of operation fields.

In country practice the surgeon should keep these patients in bed for two weeks as any possible complication developing in a patient of this kind who was allowed about early after such an operation as this would most certainly be attributed to the early rising from bed. In the hospitals we may allow patients liberties which would be frowned upon in many instances in private practice.

Dealing with an ingrowing toe nail temporizing measures are apt to be unsatisfactory. Tying a soft cord around the toe we should chill it with ice or ethyl and inject cocaine around and under the nail. With a nervous patient we may be compelled to use gas or some other general anaesthetic. Then we should split the nail down the middle and quickly withdraw the two fragments. Treatment is then a simple matter.

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PRECAUTIONS AGAINST CONTAGION

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

For all practical purposes we speak of contagion as of three kinds:

1. That arising from specific diseases as, small-pox, scarlet fever and the like.

2. That arising from marsh miasma or vegetable decay, such as causes chills and fever, bilious remittent fevers, etc.

3. That arising from effete or decaying animals, or the exposed secretions from living ones causing typhus fevers, etc.

With cases of undoubted contagion from the first class, all are familiar. The effect of particular localities is not generally so extensively recognized by the public; but facts with which all physicians are acquainted, clearly show that much sickness is dependent upon a poison generated and produced by vegetable decay.

The cause of miasma has frequently been known to be confined to the vicinity of a creek or pond recently drained. Places once healthy have become quite unhealthy for a time, by the cutting down of the surrounding forest and the exposure of its surface to the rays of the sun; the plowing of new soil in new countries is frequently the source of sickness, and did space permit, we might show that the connection of disease with changes and localities is as direct as that of cause and effect in general. There is another point peculiar as to the miasma from vegetable decay. Its effects even when for a time overcome, seem still to act upon the system, and there is a tendency at periodic times to their recurrence. I have known this to manifest itself even for five or six years; and then after the person was entirely removed from the locality.

The third source of contagion is less frequently recognized than the others, but nevertheless is real. Low forms of fever have often been traced to decaying matter, to foul sinks or privies, or to masses of putrid human filth. Typhus fever in its worse forms often has such an origin, and the uncleansed holds of emigrant vessels on the sea, and the crowded tenement houses on the land, not infrequently originate and prolong this source of disease. There are three or four general rules that apply to all contagions, which may be referred to as applicable in all cases.

1. Peculiar states of the system are favorable to the contraction of contagious disease. What these peculiar states are, we cannot always determine; but those feeling unwell are more liable to contract disease, unless laboring under some severe affliction. For instance, it has been plainly shown that an invalid from consumption, cancer or such like formidable disease, is not so liable to skin affections, while persons with a recent bad headache and disordered stomach will more readily contract those disorders.

2. On an empty stomach we are more liable to disease than after eating. Food seems to support the system against contagion, and to occupy it on something more important and agreeable. It should be a universal use never unnecessarily to expose yourself just before mealtime.

3. Morning and evening are more favorable to most contagions than the middle of the day. Dew seems to make some contagions more diffusive, the secretions become more vitiated during the night, so as to accumulate by morning, and at evening the tone of the system is rather lower than at morning.

Fear is an undoubted source of contagion when we see what an emotion of the mind can produce, as faintness

in one, and a blushing cheek in another, and joy in a third, and so on according to the character of the impression made; we need not wonder that fear should predispose a system to infection.

Abundant are the instances I might mention, where frightened ones have contracted the feared disease and perished while the bold and fearless have escaped. Our fears are arguments against our exposure; but when duty requires it, we may overcome it by having that love that casts out fear. Very rarely have I known a devoted nurse who from affection and without dread ministered to a friend, to contract a contagious malady.

When the contagion is dependent upon miasmatic influences, as in ague for instance, there are three special indications.

1. It is best to remove from and avoid the vicinity of stagnant water, marshy land and places where for any cause, large masses of matter are suddenly exposed to the hot sun.

2. If unavoidably located in such a locality by draining, underdraining, dropping and the use of plaster, lime and chlorine, endeavor to get rid of the contamination of the air.

Avoid sleeping in low apartments or on the first floor, and avoid exposure to dampness, either morning or evening.

A stagnant pond, a damp atmosphere, decaying vegetables or other articles in the cellar, and impure water, have often been the recognized and oftener still the secret cause of many an alarming case of sickness, extending through a whole family or neighborhood.

In the third class of morbid influences arising from decaying or effete animal matter, perfect ventilation, frequent washing of the patient, cleanliness in all its forms and the free use of chlorine, plaster, charcoal and lime, form the best guarantee of escape from the dreadful poison thus generated.

THE SUCCESSFUL PHYSICIAN

By W. T. Marrs, M. D., Jewett, Ill.

The writer in undertaking to point out a few things as guide-boards along the uneven road to success in the practice of medicine disavows having always practiced what he preaches, nor has he had that measure of success attained by many. But nevertheless having serenely viewed a section of the medical parade for many years, I have reached a few conclusions that may be of benefit to others. While I have gathered no great store of "earthly goods," I have at any rate gained a few things in experience. So the inexorable law of compensation may not be altogether misapplied in my case.

To accumulate money and become a good physician are not synonymous terms. There is a knack toward thrift that will enable some men under the most adverse circumstances to make money. As money is a means to an end and therefore a necessity it is well to consider indirectly the ways of getting it. Money the doctor must have to properly equip himself and to maintain a respectable standing or his sphere of usefulness is limited. All the talk about the happiness of being poor is mainly rot. It is no disgrace to be poor, but, conversely, there are no great virtues per se in being poor. Poverty is often unhandy and leads to the proverbial "disease, dirt and devil." The old, broken-down, poverty-stricken doctor is an unenviable spectacle.

So let us consider a few of the requisites to success. The doctor first must have a store of practical knowledge. He should study materia medica, obstetrics, physical diagnosis and such subjects as call for a daily use of information gained therefrom. After that he may devote more attention to microscopy, bacteriology and those things which embellish and are well to know, but which

are not quite so essential. It is so easy to get many useful things crowded out of our memory that we need constantly be rehearsing old facts "lest we forget." For example, how many at this moment can differentiate the various heart murmurs? The doctor should be studious and not spend his time loafing about stores as we so often see. True, men who do these things pride themselves on being "good mixers" and get practice thereby that the more studious man might miss. But how will the two men compare ten or twenty years hence?

I wish to reiterate that every doctor should take a number of medical journals whether he buys any new books or not. The journals are fresh, up-to-date and often valuable points are given that cannot be found in the text-books.

The doctor should be of clear mind and person. He should wear good clothes if he can afford them and always present himself attired tidily in the sick-room. He should have good manners and always be kind and sympathetic. On rare occasions a little feigned rage may be permissible. The gruff doctor with a rough exterior is sometimes a success, but it is his sheer executive ability and not his uncouth ways that makes him succesful. It pays to be polite. Indeed there is a charm about good and pleasing manners that is quite irresistible. It is needless to state that one's manners should reflect what one really is. The good doctor is a gentleman at all times.

The successful doctor should practice medicine and not tack on too much side business. The temptation to adopt side lines always comes when business is slack. However, he may have a fad or two that do not detract too much from professional duties. It is all right for him to raise flowers, or homing pigeons, or write poetry or engage in anything else that does not take too much time. Two doctors whom I know are in the race horse business. That is carrying the idea a little too far. Several others are tied down in the telephone business. One fellow (your humble servant) once thought to replenish his pocket-book by engaging in the newspaper business, but the patches on his pants have not yet visibly diminished. The mind of one man is not capable of successfully managing more than one business or profession that requires study and concentration. Apropos "too many irons," etc. Above all the doctor should not acquire a mania for getting rich and should turn down all schemes of sharpers purporting to be "investments." A Chicago board of trade man recently made the statement that men and women invest $100,000,000 annually in these schemes whereby they are separated from their hard-earned dollars. A good many of these investors (?) are medical men, for it is proverbial that doctors, as a rule, haven't much business sense. Collecting agencies should be shunned as lepers. Some slick-tongued chap may come along some day and try to persuade you that his company is different from the others. Kick him good and hard, literally if you can, metaphorically if he is bigger than yourself.

The doctor should be a strictly temperate man. This sounds like an empty platiude, a twice-told tale. Many may think, "give us something we don't know." The dissipated doctor, until he is irretrievably lost, usually has a good patronage. His drink habit seems to give him prominence and keep him in the public eye. Many people have for a drunken doctor a fascination that cannot be explained. They would rather have him drunk or sober than anybody else. People will say, "he is a splendid doctor if he would let whisky alone." They are disposed to deal lightly with intemperance. They would not recognize one guilty of many lesser shortcomings. Listen. Here is

the point I wish to make. Where will the drinking doctor be ten or twenty years hence? If alive, what will be his condition mentally and physically? Not many drinking men live beyond fifty and, as every physician knows, they fall easy victims to pneumonia and many other diseases. We would as a race live longer and better if a drop of liquor was not distilled, but that time will never be. The doctor feeling the need of a stimulant when called up on a cold night would better warm the coffee or heat some milk to drink. The practice of taking quinine indiscriminately is to be deplored. It is capable of doing much mischief as we are just beginning to find out.

The doctor should be honest—with himself and patients. Another platitude, you say. But to be specific. So many doctors, especially those in cities, have a habit of telling their patients nothing. Patients will tell you, "I came to you because Dr. So and So wouldn't give me any satisfaction in my case." I contend that the patient has some rights that should not be ignored. If he is intelligent and reasonable we can deal candidly with him and be enabled thereby to hold him. He will like you and confide in you because you are honest with him. I admit that there are at times facts that must be withheld and many people with whom this sort of candor would be vain. But tact and a knowledge of human nature are at all times valuable stock-in-trade. Peculiarities and whims of patients may often be humored without detracting one iota from our naive dignity. For example, one wants his medicine in capsules or tablets, another wants his "so that he can taste it." Then others want a voluminous package—their "money's worth"—which can usually be supplied satisfactorily.

Along with honesty I would like to mention modesty as being a good wearing quality. So many doctors are not hurt with a superfluity of this article. On the other hand we find plenty of them who could stand to have their bump of conceit rubbed down considerably. Modesty is not simply complying with some code of ethics. It seems to me that it would be no worse for a doctor to post bills announcing his skill like the blatant quack does than to have his wife and a few old women of both sexes parading his wonderful "cures." Many doctors talk of their cures as if nature played the part of an obscure understudy in these matters. The word "cure" is used very sparingly in the lexicon of the man who lays any claim to modesty.

Attention must be given to details by any doctor who expects to succeed. He should be as zealous in trying to cure toothache as he would sciatica. Is one any worse than the other? He should taste medicines, study idiosyncrasy, practice suggestion, always be prompt and give attention to scores of so-called little things. It is little things that make up the sum total of life. The doctor should take notes on important cases for his own improvement and for future reference. He should own a typewriter and use it. The Chicago Typewriter advertised in this journal is a good machine at a low price.

The doctor who expects to be successful should practice economy without being miserly or close-fisted. Most doctors (I am talking to the great average class) can make more money by dispensing their own drugs. People will pay more cheerfully for something tangible than they will for a scrap of paper. But the doctor should not dispense high-priced drugs too freely where the pay is not proportionate. Many of our crude drugs cannot be excelled in medicinal virtues by elegantly-presented preparations. Some doctors listen too much to smooth-tongued pharmaceutical agents. Many of these agents will even

have the audacity to tell you how to cure consumption (with drugs). One physician told me his drug bill was $50 per month. I don't think his collections were commensurate with his drug bills. A young M. D. with a modest practice spent $15 per month for drugs, wholesale price. If one has on his list a goodly number of dead-beats and ne'erdowells he can, if he chooses, give them cheap but serviceable treatment with such drugs as calomel, salts, Fowler's solution, hydro-chloric acid. etc. If the doctor can save five or ten dollars per month on his drug bill and will apply this on fixing up his office he can in a few years be equipped with electrical apparatus, nebulizers, hot air appliances, etc. After all perhaps more mechano-therapy is better for some patients than so much drugging.

When the doctor buys or builds in a town of anything but metropolitan size he should arrange to have his office in his residence, or near it. The reasons for this are many. It is not pleasant to run back and forth on cold and stormy days—much less nights. Then the very thing you want is at the house, or vice versa. Your library is never at the right end. Then there are days when you don't feel like driving, but if you pull yourself together sufficiently to go to the office a quarter of a mile away, you will have to put up a strong bluff and ruffle your nerves a bit to convince some one that your competitor can in this case render better services than you can. Then, too, if your office is near the house your good wife and son Harold will during your absence look after the business end and keep up your fire better than any stranger will "for love or money." The stable or "auto-shed" for the same obvious reasons should be near.

Lastly, I don't think any doctor is a sucess unless he provides his family a good home and treats them well. He should have a comfortable home with flowers, music, pictures and pleasants things galore. If the doctor does not take the time and cultivate the inclination to enjoy these things I would vote him a failure.

BELLADONNA AND GELSEMIUM

By J. A. Burnett, M. D., Pauline, Ark.

Belladonna is sedative, antispasmodic and narcotic. It is stimulant to the cerebro-spinal system. It contracts, decreases secretion, produces delirium, increases the action of the heart, is indicated when the patient is dull and stupid from capillary impairment—when the eyes are dull, the pupils dilated, the skin red, the patient dull and sleepy which may lead to coma, the urinary secretions free and insipid.

Gelsemium is sedative, antispasmodic and narcotic. It is sedative to the cerebro-spinal system. It relaxes, increases secretion, relieves delirium, slows the action of the heart, is indicated where the face is flushed, the eyes bright, the pupils contracted, when the heat of the head is increased and the patient excited and restless, when the urinary secretions are scanty, much colored and heavy.

Capsicum is a good substitute for belladonna and can be used in all instances where belladonna is used with equal or better results. Lobelia is a good substitute for gelsemium and can be used in all instances where gelsemium is used with equal or better results. Scutellaria is often a good companion for capsicum and cypripedium is often a good companion for lobelia.

The most successful physicians use a small number of remedies and the above illustrates the way to weed out the chaff from the wheat. There is a great number of remedies, whose action very much resembles and when this

is the case only the best and least harmful should be used as it is best for the physician either as an aid to a successful practice or a financial standpoint. The materia medica is over-burdened with remedies, many of which are practically worthless and the number of agents used in actual practice should be reduced, which will to a great extent prevent substitution and adulteration among druggists, a matter of no small amount, which is a curse to a physician's success in practice.

Belladonna and gelsemium are both dangerous drugs while capsicum and lobelia are both harmless drugs, a matter of no small importance to any physician who wishes to be on the safe side and does not wish to do harm in his practice.

The alkaloidal strength of both belladonna and gelsemium varies greatly and their action depends upon their alkaloids, which makes dosing a difficult matter unless the alkaloids are used, which are very costly and very dangerous preparations, as a small amount will cause death.

The action of capsicum and lobelia does not depend upon an alkaloid and it is an easy and safe matter to use them in proper doses. They can be trusted in the hands of the ignorant or careless without doing harm, a fact which cannot be said of belladonna and gelsemium or their alkaloids.

A physician can prescribe capsicum or lobelia and go home and sleep with a clear conscience knowing his remedies will do no harm even if not used according to direction. But when he prescribes belladonna or gelsemium or their alkaloids, he knows there is danger if not used according to directions and often danger when used according to directions and he cannot sleep with a clear conscience, a condition which will destroy both mind and body and transmit crime to their offspring and companions and associates.

The best of physicians cannot always prescribe correctly and are often puzzled and prescribe at random, which makes it best both for physician and patient to be very careful what they use.

If the general public knew of the ignorance and dangerous practice among some practitioners, many of them would have to seek other fields of employment in order to earn their bread and this fact is becoming more widely known every year as well as the medical profession is getting to be more over-crowded each year. We need fewer physicians and only the best ones and we need fewer drugs and only the best ones. The question is how can the change be brought about and the answer is by educating both physicians and the general public in regard to the matter and discourage those who are not adapted to or needed in the medical profession.

Something must be done to prevent the rapid increase of physicians or in a few years half the people will be "doctors." State boards can do much in the matter but they cannot do it all. The main cause of such a rapid increase of physicians is cheap medical schools trying to get all the students they can. Get at the faculty of such schools and you will get at the root of the evil. There should be fewer medical schools and better.

℞ ℞ ℞

The following is a valuable febrifuge in simple fevers:

℞

Specific asclepias, ʒj.
Specific aconite, gtts. v.
Aqua, ℥iv.

M. Sig. Dose one teaspoonful every one or two hours.

J. A. Burnett, M. D.
Pauline, Arkansas

AN EPIDEMIC OF PNEUMONIA IN CHILDREN

By R. J. Smith, M. D., Smithfield, Utah.

During the latter part of October and the month of November this part of the West has enjoyed exceptionally fine weather. There has been during this time not one storm, every day clear, bright and warm with frosty nights. As a consequence of such a spell of dryness, the roads are in a very dusty condition, the dust rising in clouds with every passing vehicle and drifting with the prevailing current of air into the dooryards and houses, not to mention the more important regions, the pulmonary. This was no doubt a cause of the prevalent cough—a dust cough. The air full of dust particles and germs, being inhaled freely would certainly irritate the bronchial mucosa and form a nidus for the ubiquitous microbe.

At any rate there has been an epidemic of coughs and "colds" throughout the community. Old and young have alike been affected. One attack simply predisposes to recurring attacks.

Add to this irritated condition of the respiratory tract, exposure to sudden changes of atmospheric temperature, from 70° to 76° in the afternoon to 46° at sundown and below 32° in the night, and the result was a startling number of cases of pneumonia, mostly in children.

Many of those affected had passed through an epidemic of whooping cough last spring. Many new babies were affected but generally only in slight degree. In all, forty-six cases developed during a period of six weeks. The history usually gave the prevalent "bad cold on the chest'.' The symptoms were hard and irritating cough, high fever, often over 104° per rectum, the pulse respiration ratio, 1 to 2½ or even 2. Auscultation invariably gave the subcrepitant and mucus roles of the first stage of pneumonia.

The pulse-respiration ratio is a very important guide to the diagnosis of pneumonia in children, and conversely one is justified in the absence of this sign in diagnosing some other affection, or at least deciding that if pneumonia is present, it is latent or slow in development. This recalls one case in a three-year-old boy. The temperature was 99.5°, pulse 140, no cough, respiration 40, bronchial breathing not exaggerated in left lung lower lobe behind. This condition remained for 48 hours, when the temperature raised to 103.5°, respiration 60, pulse 130, crepitant roles very plainly heard in lower lobe of left lung, painful hacking cough.

When called to a new family, the first prescription was for a clinical thermometer, and its right use demonstrated to some member of the family. Then the selection of a room suitable for the case, with advice as to ventilation and the maintaining an equable temperature in the room.

To the chest, front, back and sides, a hot application of antiphlogistine was applied and covered with a thick layer of cotton batten, the poultice to be changed every 18 to 24 hours. If the patient did not appear seriously ill, I compromised on a piece of flannel wet with a mixture of camphorated oil, turpentine and quinine, applied hot, and over this the cotton batten.

In a glass into which twenty-four teaspoonfuls of water are measured, drop defervescent granules, one for each year of the child's age and one for the glass, one carmine to color and one saccharin to sweeten. Of this solution give one teaspoonful every half hour till fever falls, and then as needed to control.

In another glass, twelve to eighteen granules of apomorphine, six to twelve of anodyne infant's, and twelve to twenty-four granules of brucine, according

to age, are dissolved in twenty-four teaspoonfuls of water, one teaspoonful to be given every two hours or as needed to relieve cough and loosen secretion. If croupy symptoms are present, dissolve one-half teaspoonful of calcium iodized (or calcidin) in two-thirds of a glass of hot water: one teaspoonful every hour or two until relieved, then stop.

Cover all glasses with paper or small saucers to protect from dust, etc.

For the bowels, calomel ipecac and soda tablets were given, one every hour for four doses, followed in two hours by one tablespoonful of castor oil, the latter to be repeated daily to produce two or three movements in twenty-four hours. Nourishment was given every two or three hours.

In the majority of cases relief was rapid and convalescence assured in three or four days. Some more severe at the onset delayed improvement for three to five days, and then progressed to a rapid restoration to health. Two failed to improve at all, one year-old baby dying in four days, double pneumonia followed by convulsions proving too much for a frame already weakened by prolonged malnutrition, the other, eighteen months old, dying in eight days of repeated attacks of heart failure in conjunction with capillary bronchitis or broncho pneumonia. Forty-four cases are fully recovered. Several suffered relapses from exposure during convalescence. Others were so mild a large dose of castor oil and the exhibition of a few doses of the defervescent mixture ended the trouble. Where the onset was acute and not an adding to an already "bad cold," nothing else is needed.

The treatment is purely symptomatic. In dosimetry, one becomes convinced very early in its study and application, that it is not disease, but diseased patients we have to treat, that the proper time to institute treatment is at once, not waiting for a diagnosis of the disease, but diagnosing the condition present. Our aim should be to give quick relief, and to do this, presupposes accurate knowledge and specific diagnosis; with this must be associated of course, the use of active, accurate and uniform medicaments, and these are only possible in the active principles.

"Poor drugs to a physician are as bad as a rusty knife to a surgeon."

TO BREAK PNEUMONIA CROSS-LOTS

They say that the authorities
  Are an educated sort,
But that a fresh lung fever
  Drugs never care about!
Now I'm a sage-brush doctor,
  And am prepared to state,
If you use, by dad, the good triad,
  And sulpho-carbolate,
With saline lax; (now these are facts),
  Small doses, swift and hot;
Lung fever you will carry thro'
  With safe and sartin shot.

Now try it, man, first chance you can,
  With iodine paint chest;
Down fever'll go; I've proved it so,
  All thro' this bloomin' West!
With colon blocked and bowels locked,
  Of course, I find it well,
To syringe out and give about
  Ten grains of calomel.
And if ill fate should complicate,
  With Laveranian Zoe
Between his naps, give quinine caps,
  'Till his auditoriums roar.
And lo! deliverance will come,
  Ye temperature will slump!
Now this is straight: don't watch and wait,
  But get thee in and hump!

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

SEXUAL NEURASTHENIA

By J. C. Bateson, M. D., Scranton, Pa.

The term neurasthenia is made up of two Greek words, neuron, a string or nerve, and asthenia, debility. So that a proper definition is nervous weakness or nervousness; as applied to the title, sexual debility.

The bodily functions, according to the principles of evolution when not disturbed by disease or traumatism will decline, wither, decay, and disappear in the reverse order of that in which they are developed.

The reproductive, or procreative, and the power of abstract thought are the last in order of the functions of the human body to develop.

In the Caucasian race puberty is reached at fifteen years of age; but as a rule the male is not mature until twenty-five, and the female not until twenty-one, and few persons attain the full strength of reasoning earlier. Physiologists have shown that in accordance with the condition of the sexual organs, so is the man; that when there is any perversion or disease of those organs that they and the intellect are the first to suffer. This law holds good subject to some variation of temperament or idiosyncrasy and hereditary conditions.

It is a noticeable fact that no one can have any form of nervous disease and be in a well state, and yet absolute impotence may exist and the individual be, to all intents and purposes, healthy. The reason is because the function of generation is the last to develop and the first to give way or decay, and being capable of long intervals of inactivity without having anything to depend on it, therefore it is not to be looked for in organic disease.

For example, a man may be incapable of reproducing or of exercising his sexual function and still enjoy excellent general health.

There is however a border line of local sexual debility that cannot be passed over without bringing suffering to the entire body because neurasthenia leads to nervous dyspepsia, constipation, and other physical derangements.

Sexual neurasthenia, in many cases, leads to feeble-mindedness, imbecility, epilepsy, inebriety, etc. The practice of masturbation or perverted sexual desires, however gratified, is liable to cause melancholia and other forms of insanity. Numerous complications or deviations are likely to arise in all as there are no two cases alike; in some there is a loss of seminal fluid with stinging pain; in others the testes atrophy, the penis becomes cold and the erections slight, or the erectile power may increase abnormally and the seminal fluid grow scanty. If the neurasthenia is induced by masturbation, the individual so devitalized loses his manhood or virility long before he arrives at the allotted time of man; his sexuality and sexual desires disappear; his voice becomes feeble and altered; his body loses vigor, energy and force; he becomes effeminate by acquiring the habits and qualities of a woman.

And what is more unbecoming or out of place than a manly woman or a womanly man?

ETIOLOGY.

In this day of hustle and bustle together with our exciting habits, sensational literature and distracting environments all tend to develop sexual neurasthenia; and with it comes general debility, impotence, spermatorrhoea, structural nervous disease and prostration.

The dissipation of civilization due to the abundance of luxuries and wealth; the excessive use of alcoholic drinks as well as the coarser forms of vice which are considered genteel in the higher walks of society are among the

most prominent pre-disposing causes.

Under the conventionalities and allurements of modern society, it is well nigh impossible for its members to lead a natural and becoming life. Many people either plunge recklessly into a fashionable and dissolute course of living or are swept into its remorseless whirlpool by the force of circumstances. This fatal plunge is often taken at the serious risk of health and even life itself.

"As well be out of the world as out of fashion," is the argument brought to bear by way of apology for this self-destroying practice. Late hours, late suppers, artificial habits, wine, opium or other deadly agents are some of the exciting causes. The indulgence in these, the pandering to the different lusts of the flesh, its unlawful desires, together with the unwholesome excitement of gambling, the public ball, card playing, horse racing; the constant strain upon the nervous system by the cares, the irritations, the vexations attending the same, sooner or later, result in the complete breakdown of the vital forces.

To those who have thus violated the laws of nature the days come when they realize the truth of the saying: "We have no pleasure in them."

They reach that stage in their career, when cut loose from pleasure's boisterous tide, they are wrecked on the shores of time, as weary, wandering, worn and wretched things. Under such conditions, life to them is a burden and failure. They render themselves a prey to morbid fancies and shrink from the performance of the most trivial task. Why? Because their vital energy is wasted and destroyed.

"Life is real, life is earnest," and it requires a strong body and a brave heart to fight its battles successfully, and specially to subdue the lusts of the flesh.

The desire for sexual intercourse is the most powerful passion of human nature and indispensable for the perpetuation of the species.

When normally indulged in, it is a sedative tonic, promoter of sleep, clears up the mind, calms and strengthens the nervous system; but if the sexual act is repeated too often or perverted by unnatural methods, whether by dalliance, withdrawal, the use of condums, etc., it is bound to shatter the vital element of the whole being.

In the interest of sound health and of mental vigor it is important that the virile powers be retained to the latest years of life; because the whole body shares in their strength and sympathizes in their debility. In this country, it is estimated that the average healthful period of virility commences at twenty-five and ends at about forty-five years of age. There are however some examples on record showing that a good constitution supported by proper care can be maintained for many years beyond the ordinary limit.

The latin historian Sallust, relates of Masinissa, king of Numidia, that he married at the age of fourscore and five years and had a vigorous infant born to him after that time. Still more remarkable is the instance of a Frenchman named De Longueville, who lived to the age of one hundred and ten years. He married his last wife in his ninety-ninth year and she bore him a son in his hundred and first year. The famous Thomas Parr, of Shropshire, England, who lived to the almost unexampled age of one hundred and fifty-two years, married his second wife when above one hundred and twenty years of age. She lived with him twelve years and although she bore him no children, she asserted that during that time he never betrayed any signs of infirmity or age.

But certainly the most astonishing example of prolonged virility was Baravicino de Capellis, a nobleman of Tyrol, who died at the age of one hundred and four years, in 1770. In his

eighty-fourth year, he married a young and healthy woman by whom he had eight children.

So that it is evident by these examples together with many others of a similar character that might be produced, that mere age does not destroy virility but that it may endure with the other bodily powers.
(Dr. Napheys.)

DIAGNOSIS.

The brain is chiefly affected in neurasthenia, usually disturbances are manifested in various ways. If the sympathetic gangliae are implicated, there will be emotional disturbance, religious hallucinations, hysterical actions; if the spinal cord is affected, loss of sexual power will be more or less complete.

In the sexual type of neurasthenia, every appliance known to medical science should be brought to bear upon the case; the ordinary physical signs of spermatorrhoea or leakage must not be overlooked; the examination of the urine, sensitiveness of the prostate, testicles, bladder, and rectum, is of very great importance.

Of course every physician should recognize the fact that the more highly developed the nervous system is, the more serious are the effects; that life begins in a homogeneous fluid and from this is developed the varied forms of living beings.

When the mental wreckage is great, fear is predominant; dread of society, solitude, place, disease, etc.

There is a tendency to suicide, mental depression, wakefulness, headache, impaired memory, deficient mental control, palpitation, neuralgia, dysentery, spinal irritation, etc.

DIFFERENTIAL DIAGNOSIS.

If the abnormal state shows itself merely in slight mental irritability, sensitiveness with a tendency to anxious ideas and unfounded fears, we call it simple nervousness. If there is also associated a marked weakening of the capacity for mental effort and symptoms which, as a rule, are connected with increased anxiety and with consequent subjective sensations, we have pronounced neurasthenia. If, however, the relation between the mental process and the body has become so vacillating that there is a complete loosening of these relations, or that wholly abnormal states of mental irritation have developed in consequence of the loss of healthy mental inhibition, we have before us pronounced hysteria. The basis of all these three states is, figuratively expressed, the lack of determined order and fixity in the course of all those processes which we include under the name of psychical processes in the broadest sense of the word.
(Strumpell.)

PROGNOSIS.

To restore and maintain sexual strength where the patient has adequate will power and self-confidence is not so great a task; but many of these cases are chronic before they are seen by the physician and yet they are generally amenable to treatment. So that while much stress is put on the fact that lost manhood is a woeful condition for saint or sinner still there is a balm in Gilead and salvation for poor unfortunates who are not too old or have not fallen into the clutches of quacks and charlatans. However, let it be understood that a large percentage of sexual neurasthenics are incurable.

TREATMENT.

The general treatment may be summed up in a few words. The system must be relieved from the causes of its disorder at the earliest moment and recourse be had to re-constructive and strengthening diet together with such drugs as will impart to it the vigor which has been forfeited.

The best food for all persons suffering from nervous debility is beef, mutton,

game, poultry, milk, eggs, boiled fish, oysters, etc.

Massage when properly applied is of great benefit. Electricity is a powerful constitutional tonic, a local stimulant of no mean value and an excitor of nerve force specially in genital debility. Bathing and plentiful exercise are of much importance. Location has a striking effect in the treatment of neurasthenia in all of its forms. The sea, or in close proximity to it, as well as mountain tops, imparts new life and strength to its inhabitants, chiefly from breathing ozone from the atmosphere which surrounds them. Sleep and rest must be procured.

Amusements of a healthful kind are beneficial to the nerves and mind. Change in all things is vitalizing, change of location, occupation, society, habits, diet, etc. Marriage with its duties must be restricted within reasonable bounds; and an interval of weeks should take place after each sexual act. Most cases are benefited by it; but some are positively injured.

The medical treatment of neurasthenia involves a general restorative and alterative course. For this purpose we here mention cinchona and its alkaloids, avena sativa, coca et celerina, compound hypophosphites with soda, lime and iron, or elixir glycero-phosphates of lime and soda, strychnine, etc.

A QUESTION OF ETHICS

By C. E. Boynton, M. D., Los Banos, California.

We all make mistakes sometimes. Once a doctor wrote a long piece for his local lay newspaper. It presumed to tell a great deal about malaria and typhoid fever. How in fact his neighboring M. D.'s had mistaken the former disease for the latter.

These same doctors remembered how three years ago this same gentleman had called diphtheria tonsilitis, thus allowing two patients to die that might have been saved. How he had called appendicitis "neuralgia", causing a case to be almost too late for operation. Is it right and ethical for these latter facts to be made public inasmuch as the newspaper cryer bellows out the assertion that his competitors do not know malaria from typhoid? Or should they observe polite silence? The adjustment of matters in a fraternal manner is out of the question. The aggressive doctor even declaring that his competitors who have reported typhoid cases are either ignorant men or liars.

ERYSIPELAS.

Some years ago the best of us
In treating erysipelas,
Had frequently to work and cuss
To make a cure at all.
But now, thank God, these times are past,
We have some first rate cures at last.
We nail a black flag to the mast—
We paint with ichthyol.

We clean out fetid food within,
Correcting constipation's sin,
With calomel we thus begin
And sulphocarbolate.
And lo! he sweats at every gland
When pilocarpine takes command,
But public reader understand,
That troubles lie in wait.

This pilocarpine is all right,
If certain things are kept in sight,
But since it offers no delight
To sweat the man away,
So with a little strychnine brace
The heart beat in most every case,
And he will have a healthy face,
And you should have your pay!

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

THE INATTENTIVE DOCTOR.

Doctors with large practices are guilty oftimes of injury to themselves and the profession, by treating patients who are very solicitous of their own welfare though not seriously sick, as though nothing were the matter, dismissing them in a few moments, perhaps without exacting a fee.

When a patient, be he well or ill, seeks a doctor, it is not right that he be dismissed so abruptly that he departs with the conviction that he has made himself foolish for calling upon a doctor for "nothing."

The writer remembers how he once visited a very genial doctor who was anxious to enjoy an uninterrupted visit. Upon returning home from a country trip this doctor found nearly a dozen people waiting for him. "Just see how quickly I dispose of that crowd," was his remark and in a few minutes he had attended to each one. "Well, doctor, how much did you make out of those people?" I asked. "Oh, about three dollars," he replied. "Mrs Anderson had a pain in the knee, I told her to keep still and let me know if it got worse; that was nothing. Then Mrs. Phillips' baby vomited, I told her not to feed it so often or so much; that was nothing, also. Three other patients came to report and I told them to renew their prescriptions at the drug store. Mr. Jones had a pain in his shoudler and I told him to buy a porous plaster. Then I wrote prescriptions for three patients with cough, making three dollars, and I convinced three more that they did not require treatment but might be helped by a vacation."

My doctor friend was then at leisure and to while away the time I talked in this strain:

"Doctor, you should use the alkaloids of the A. A. Co. and put up your own medicine. It would have been pleasure for me to have assisted you in making $30 instead of $3 out of those twelve ptaients. I should have treated Mrs. Anderson for auto-intoxication and rheumatism, provided her with medicine for four days and collected $3. I should have given 15 minutes of close attention to the case of that baby, realizing $2 from that case. I should have altered all of those prescriptions furnished the drugs and collected $6 from the three patients. I should have gone over the case of Mr. Jones, made a careful diagnosis, assisted by a sample of his urine, and charged him for medicine and all $6. Out of the three patients with cough I should have made about seven dollars, perhaps more and from those that you declare required only a vacation I should have given medicine, examined each one carefully and taken in from two to three dollars each."

It is not necessary to say more. Doctor ,make the most of such cases as may come to you. Seek out a reason for treatment, then prescribe your own drugs. Give every patient earnest, undivided attention for a few minutes. Make him feel that you have his welfare at heart, then do not fear to charge him a few dollars. That attention, that deep concern you give him will make him feel willing to pay you what you ask. It is that which will him call you a good doctor. If on the contrary you treat him in an off-hand manner and charge him nothing he will feel rebuked and hurt. If too much

work comes to you employ assistance but do not give hurried or superficial attention to a single case, for in so doing you invite mistake, awaken displeasure and hurt yourself and the profession at large.

C. E. Boynton, B. S., M. D.

CHOREA.

This disease of the nervous system is characterized by successive irregular, clonic movements, involuntary in character, of limited range occurring in almost all parts of the body. The distinctive feature of the movements is the absence of rhythm or method in their occurrence; also that not individual muscles but co-ordinate groups of muscles are affected, and not only one or more groups, but almost all the muscles in turn.

There is not always an actual loss of command of the affected muscles but voluntary movements are interfered with by the super-addition of involuntary movements. As a rule the movements cease during sleep.

The disease occurs most frequently in young girls between the ages of six and fifteen years, of feeble constitution, of irritable and nervous temperament. More rarely it is met with in boys. The commencement of the attack is manifested by nervous depression and irritability. The motions begin with slight twitchings of the muscles of the face which may become curiously twisted and contorted producing irregular jerking movements often ludicrous in appearance, which condition has been termed insanity of the muscles. By degrees all, or almost all of the voluntary muscles become affected, often one side more than the other. The child becomes unable to keep quiet. The speech is thickened, in severe cases often unintelligible. The gait is shuffling in character and all voluntary movements awkward. Voluntary effort increases the choreaform movements. There is usually some mental disturbance to be seen in all cases of chorea. In the majority of instances it does not amount to more thon peevishness and irritability, in others the intellect may become greatly impaired.

In the treatment of all cases of chorea a complete change of habits of living, change of location and all surroundings should be effected, thereby removing all the exciting causes, whatever they may be.

The whole nervous system in this disease is highly impressible so that the smallest amount of irritation will often establish such a want of harmony as to develop the peculiar condition in all its intensity. Put the choreic patient under the influence of doses of bromide, preferably the monobromate of camphor, sufficient to combat the increased muscular action. For the pure neurosis give veratrin, scutellarin, nervine (Waugh) and nuclein, one or two granules every hour or two. Follow with strychnine arseniate, digitalin and macrotin, one granule of each every two or three hours.

When the chorea follows rheumatism or uterine disturbances, good results will be found to follow the administration of the "uterine tonic" granules of the Abbott Alkaloidal Co., by whom also the above-mentioned active principles and alkaloids are prepared.

W. C. Buckley, M. D.
1705 N. 15th Street, Philadelphia, Pa.

THE UNFAITHFUL PATIENT.

All doctors dread getting a call from certain patients. Sometimes the doctor can hardly explain to himself why this is. He may be unable to prove that the patient falsifies and often if he did prove that fact it would do no real good. It might be decidedly un-

wise to refuse to treat this undesirable person; so the doctor takes him as one of the burdens of life. I call to mind a certain woman, refined, handsome and intelligent, yet in any half hour of conversation she will do as much lie telling as truth telling, and many of her lies are quite entertaining. As she never states anything truly it is quite to be expected that she would not relate her symptoms truly to a physician. This lady loves a sensation and seven years ago I came to the conclusion that it was dangerous for me to treat her so I told her to go elsewhere for medical services much to her discomforture.

Of late, having remarried, I have treated her twice since at the request of her husband but she is dangerous, I am convinced. Patients like this it is well to treat carefully; for example it is bad practice to give them a medicine that will gripe or possibly cause nausea else they will report that the doctor gave them a deadly poison, enormously exaggerating all their discomforts. Undoubtedly the lying patient often wrecks a profitable medical practice. Medical literature is very scant upon this subject. The lying patient is not always the hysteric or hypochondriac. Some two years' practice in an insane asylum convinced the writer that there is much malingering and considerable "acting" among the insane who with their insanity as an excuse go on a rampage for the sake of a "sensation." I was once called to see a woman who claimed that terrible pains shot athwart her body from side to side. I felt that she was lying, as I suspected that she had been drinking. This she stoutly denied, but apomorphine proved not only that she had been drinking but it caused her to say no more about that awful pain.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

TAPE WORM

What is the best treatment for tape-worm? Dr. M.———
Illinois.

We believe the best method of removing tape-worm is by administering a reliable preparation of male-fern. The best and most reliable preparation is the oleoresin—oleoresina aspidii. One reason of failure in the use of male-fern is that the preparation used was not reliable. The male-fern from which the preparation is made must be fresh as there are but very few drugs which deteriorate more rapidly. For this reason many fluid extracts of male-fern are worthless. The oleoresin is the preferable preparation but it must be kept in a well-stopped bottle and should be shaken before being used as a granular crystalline substance is deposited which should be mixed through the liquid portion. The dose of oleoresina aspidii is ¼ to 1 fluid-drachm The best way to administer it is elastic capsules which are prepared by the manufacturing pharmacists. When the expulsion of a tape-worm is desired the intestinal tract should be thoroughly emptied with a cathartic dose of castor oil and the patient should live on an exceedingly light diet for at least 24 hours. The male-fern should be given in the morning fasting and a few hours later a cathartic given to remove the dead worm. If the head does not pass the treatment should be repeated in a day or two.

Male-fern is a safe taeniacide in proper dosage but excessive doses are toxic. Large doses of oil should not be given with it as the oil causes increased absorption of the drug. Frederick Stearns and Co. make a reliable and safe elastic capsule containing male-fern and castor oil in the proper dosage. The Abbott Alkaloidal Co. makes a preparation containing the alkaloids of male-fern which is efficient.

Tape-worms are much more common than many physicians think. They should be looked for and the regular physician can frequently keep money and reputation from going to the "tape-worm quack."

We knew of a case of severe gastro-intestinal trouble which several leading practitioners of Chicago were unable to satisfactorily diagnose or treat which was completely and at once cured by the removal of a tapeworm.

We note the following abstract in the Central States Medical Magazine for December:

Gerhard is the author of an article in the Medical News which contains the usual instructions followed by every physician in the treatment of tape-worm, that is to say, abstinence from food, time of day and use of saline cathartic. The direct medication consists of the administration of 20 grains of pelletierin tannate early in the morning and two hours afterward the following combination:

Aetheris ..... dram
Oleoresinae aspidii ..... dram
Hydrarg. chloridi mitis..... dram

M. et div. in caps. No. xvj. Sig. Two capsules every ten minutes. The author claims that the results were not only positive within two to four hours, but there was very little depression which was not more than two hours' duration.

BETONICA LANCEOLATE

There are many physicians who have never heard of betonica lanceolate—wood betany which is a native of the United States and a very valuable remedy but has not yet come into general use. This remedy as well as many other of our native plants should be more closely studied, as many of them are of great value. Betonica lanceolate is not the same as betonica officinalis and is said to be a much more valuable remedy. It is found from New York to Wisconsin and south to Virginia. It has flowers which appear in August and September. This remedy has not been placed on the market, but grows plentifully and could be and would be placed on the market if most physicians were familiar with its therapeutic action. Those who wish to give it a trial can make a strong infusion of it and preserve it with alcohol. The crude drug can probably be obtained from Peck & Velsor of New York city, as they deal in a great variety of crude drugs. Betonica is not an anti-periodic of any note but has been used with success in malarial diseases especially when combined with other remedies such as eupatorium perfoliatum, chionanthus virginica and euonymus atropurpureus. As betonica is a stimulating stomachic it is of value in some forms of dyspepsia, but it is generally used in the complaint with gentiana lutea and hydrastis. Ordinary mild fevers in which a diaphoretic is indicated is benefited by betonica, as it is not only a diaphoretic but a febrifuge, also many forms of disease of the kidneys are greatly benefited by this remedy, especially when it is given in connection with agrimonia or amygdalus. Hemorrhoids and hematuria are greatly benefited by this remedy either alone or in combination with other remedies. In hemorrhoids it is best to combine it with hamamelis and in hematuria it is best to combine it with rhus aromatica. In spasmodic asthma best to combine it with rhus aromatica. In spasmodic asthma betonica is a good companion for lobelia. Hemorrhage during typhoid fever is benefited by betonica, especially if combined with erigeron. Betonica is a good companion for nymphea odorata for bearing down pains in women. It has also been used with good success in cystitis, peritonitis, prostatis, meningitis, cerebral paralysis in children, cerebral hyperaemia, cerebral anemia and

appolexy. The literature on betonica is very scarce. It should be better known. Betonica lanceolate, is a non-toxic agent, aromatic, somewhat acrid anodyne, deobstruent, carminative, diaphoretic, febrifuge, expectorant, nervine, stomachic, styptic, alterative and tonic. J. A. Burnett, M. D.

NOSOLOGY

A Mrs. D. of O. came to the town in which I live to visit her mother and while here consulted me in regard to herself. She needed a general building up and so I put her on tonics, advised her regarding food, rest and exercise and asked her to prolong her visit here so I could keep tract of her for a while. So she stayed. She followed my directions in all points save one—the exercise, but in this too she eventually obeyed and soon commenced to get better and before long will return to her home.

A few days ago she took a little cold and I prescribed for it. The same day a letter came from a friend in which she informs Mrs. D. that she is having "follicular pharyngitis." Of course Mrs. D. did not know what it meant so called me up by phone and inquired of me. When I had told her the meaning of the term she wanted to know what I called her cold and if I could not give it some horribly long name so she could take revenge on her friend with follicular pharyngitis. I told her that I'd do the best I could for her and this is the letter I wrote:

Evansville, Wis., Oct. 25, 1904.

My Dear Mrs. D.:

Your trouble is not as you suppose, pathognomic.

True, in your case the rhinitis and dolor point to a slight influenz a(f) the stars but your bones do not ache enough and olfaction is not sufficiently impaired for one to say that you have the Italian Grippe.

From your experience with me, you know that I am a strong believer in kinesipathy, but I think that house incarceration and lots of oxygen is better for you in your present condition.

I note that you, like others, study macrobiolics more than prophylaxis.

Beware of nostalgia!

I hope you'll not find the nomenclature too trying in your neurasthenic state and will not pronounce me Non Compos Mentis for giving your old fashioned "cold" such a write-up.

Josie Ocasek, M. D.

CASE REPORTS

The following cases the writer presents, hoping that Recorder readers will give suggestions for treatment.

Case 1. Patient, female, aged 43 years. Nine o'clock p. m., p. 72, t. 97, r. 20, short of breath, a stiff feeling in chest, a heaviness on chest, sleeps too sound and fears paralysis; goes to sleep at 9 p. m. and most always awakes at 1 a. m. with a cold, numb feeling in spine and back and upper half of body, and a prickling sensation over upper half of body and awakens almost suffocating and her husband must always rub her and give her a hot sling and apply artificial heat until she is relieved. The spells most always come on at 1 a. m. and last until 4 a. m. and these symptoms are not present at any other time, except occasionally a slight palpitation of the heart and a difficulty in breathing deep enough. She has been using lemonade daily for two years, and says this relieves her from dysuria which troubles her a great deal when she fails to use lemon juice. She has nasal catarrh and a stuffed up nose as a constant symptom.

Case 2. Man 50 years of age. Eczematous inflammation of the entire ankle and calf of left leg swollen red and infiltrated with two ulcers which heal and break open.

C. J.——, M. D..

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Strabismus.—The subject of strabismus is given in a nutshell in an abstract from the Berlin Klin. Wochenschift, in the Medical Record.

Cohn, from the histories of 2,700 private patients collected during the past forty years, comes to the conclusion that in 23 per cent. of the cases of strabismus some near relative was affected similarly . His general rule of treatment gathered from his experience of over 2,000 cases of strabismus and 700 operations are as follows: Up to the fourth year no treatment except to bandage the unaffected eye several hours daily at play. In the fifth year begin separate exercises by means of convex lenses and the stereoscope, and correct the total hyperopia. Tenotomy is not to be done before the tenth year, only in cases where the deformity is very great should the operation be performed as early as the sixth year. Promise improvement, but never a cure. In severe cases advance the externus.

Optic Neuritis.—Dr. Earle Connor read a paper at the last meeting of Clinical Society of the New York Polyclinic Medical School and Hospital entitled, "Inflammation of the Optic Nerve Due to Alcohol and Tobacco Poisoning."

He said that inflammation of the optic nerve due to alcohol or tobacco poisoning, or both, may be acute or chronic. The acute cases are the result of the ingestion of an overdose of the poison. The symptoms are a rapid reduction of the visual acuity, even to light perception only, within a few days. Vision is subject to variation, and partial recovery may precede permanent blindness. The ophthalmoscope shows a congested nerve head, with blurred edges, dilated veins and perhaps some small hemorrhages. Prognosis is usually bad, but a useful degree of vision may follow early and persistently energetic treatment.

The chronic form yields to abstinance from the exciting cause. There is variation in vision, and the prognosis depends on the early recognition of the disease, so that the inflammation may be checked in its incipiency. The pathologic changes in the chronic cases he thought degenerative, but said that differences of opinion existed regarding this point. Prognosis is good in the first attack, but proportionately less so in recurrent attacks.

Treatment consists in total abstinance from the toxic agents known to produce the disease. Active diaphoresis assists in the elimination of the poison. Strychnia pushed to the limit of toleration is probably the best remedy, and the iodides are of value in stimulating the absorption of exudates. Plenty of sleep and fresh air, good food and proper exercise are also necessary.

Dr. McAuliffe said that he thought the optic nerves were affected more by pipe smoking than by any other form of tobacco. He had seen one patient in whom this condition had been produced by cigarette smoking.

Dr. Perry Hough said that he wished to emphasize the fact that a slight amount of alcohol would keep up the inflammation of these nerves. The patient may have been abstaining abso-

lutely from alcohol, and have been treated with strychnia and hydrochloric acid, with marked improvement, and he will return to the doctor with a decided relapse, and questioning will reveal the fact that he has had one or two drinks. The patient must abstain absolutely from the existing cause, if there is to be any permanent improvement.

The Finsen Method.—At the October meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital, the paper of the evening was read by Dr. Milton Franklin. The subject was: "The Finsen Method."

He said in part, that the original Finsen lamp possessed many imperfections in principle and construction. The time necessary for the treatments, and the amount of current consumed were large. From the first, there were efforts made to improve the apparatus and thus lessen the time and current consumed. Among the most important of the lamps offered for this purpose were those of Bang, Lortet, Genoud and Professor Piffard. The first made use of a small iron arc of about three amperes capacity and placed at a few centimeters from the skin. The second consisted of an ordinary carbon arc of about fifteen amperes capacity, placed near the skin and separated from it by a layer of water between two layers of rock crystal. The lamp of Piffard made use of a series of spark-gaps between small iron spheres and gave the best-known ultra-violet spectrum. In all of these lamps a superficial cutaneous reaction could be obtained in less time than with the larger Finsen lamp, five minutes often sufficing with the last named.

In spite of all these improvements, the method has steadily lost favor, until it has been abandoned in many places. The author, while abroad recently, made a study of the method in the Finsen institute, and comes to the conclusion that lost interest in the method is due to the efforts of ignorant experimenters to improve it. In many cases the apparatus was wholly inadequate and based on false physical assumptions. Also, many persons attempted to invade all fields of therapeutics with the light and failed, giving the impression that the method was not a success.

Finsen claimed for the method only that it would cure lupus vulgaris if properly applied and that the cosmetic effects would surpass those of any other known method. These claims were amply substantiated in the Finsen Institute and the method when kept within its proper sphere is a perfect success. Of the other lamps that have been tried, that of Piffard is the most successful and can be said to surpass that of Finsen in treating superficial conditions, such as lupus, erythematosus.

Dr. D. J. McDonald asked whether there was not in use in this country a lamp of Prof. Piffard's that produced a deep burn. He also asked whether there was no way, other than using the arc lamp, to obtain the same amount of disbursement and the same quantity of the rays.

Dr. Franklin, in closing the discussion, said that it was impossible to get a deep burn with any lamp other than Prof. Finsen's, but some remarkable results in superficial cases had been produced by Prof. Piffard's lamp. He also said that it was absolutely necessary to use a large lamp.

The Obstetrics of the Future.—At a recent meeting of the clinical society of the New York Polyclinic Medical School and Hospital a paper was read by Joseph Brown Cooke and was entitled, "The Obstetrics of the Future."

Dr. Cook said he thought that in an-

other quarter of a century the general procedure in obstetrics would be the routine induction of labor, at or near term, instead of the waiting policy of the present time, by which pregnancy is permitted to continue until labor is spontaneously ushered in. He said that with the method at present in vogue, when the labor was normal, chloroform used to the obstetrical degree during the last hour or so, and the woman rallied promptly and enjoyed a normal puerperium, this was all that could be desired. It often happens, after labor begins, that the woman's suffering becomes so great, in spite of apparent uncomplicated delay in delivery, that the physician is obliged to interfere, and under complete anesthesia discovers for the first time a previously unrecognized persistent posterior occiput, a face case, a condition of marked disproportion between the presenting part and the pelvis, or even a breech appearing at the superior straight. The entirely unnecessary delay to which the woman has been subjected only intensifies her liability to shock, to sepsis and to hemorrhage after the operation. The child, which might have been saved if interference had been inaugurated in time, may be lost through asphyxia, manipulation, forceps, or even require mutilation before delivery can be accomplished. When such emergencies arise, there are, as a rule, no adequate preparations for the work to be done. The remedy which the speaker offered for this state of affairs was as follows:

"Every obstetric case should be examined methodically during the last month of pregnancy, preferably at weekly intervals, and after due consideration a definite day and hour for the onset of the labor should be set. This should depend upon the position and presentation of the foetus, the character of the pelvis, and the relation which it bears in point and shape to the presenting part; and every effort should be made to correct any existing mal-position by external version or some similar means. With a slightly contracted pelvis, measured more accurately by the relation of the foetal head to the brim than with the pelvimeter, a somewhat early induction of labor would afford far better chances to both mother and child than a version or protracted forceps operation performed two or three weeks later. The possible danger to the child by reason of its slight prematurity would be more than offset by its easy birth and escape from the perils of operation. In cases where the position and presentations are normal, the patient should be allowed to go on to term, and labor then induced. The method of induction depends much on whether the patient is a primigravida or a multigravida. In the first instance it is usually necessary to insert a bougie after the Krause method and leave it until pains are established and the cervix softened and dilated, when it should be removed. This should be done at night, the patient having been first given a full bath and a large dose of castor oil, to be followed by an enema in the morning. The physician should return the next morning, remove the bougie, and if pains are not well established, stimulate contraction by digital dilatation of the cervix. In the case of a multigravida, the use of the bougie is seldom indicated, as a large dose of castor oil at night, followed by an enema, are often enough to bring on labor in the morning. If not, vigorous dilation of the soft and patent cervix will, in ninteen cases out of twenty, cause effective pains within a short time. As soon as labor is well established, its further progress is left to nature. Chloroform to the second degree should be exhibited during the second stage, and instruments used if necessary, under surgical anesthesia."

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

ANOTHER SIDE.

The satisfaction over a favorable action by the state board of Illinois, as expressed in the last number of the Rundschau, received a rude setback by the reading of a private letter by a gentleman who seems or at least claims to stand close to the regents of the university of New York, the licensing board for that state. By the courtesy of a correspondent we were allowed to make the following extracts from the letter:

"We have quite too many men in 'the profession' here in this state who entered 'the profession' when they were young men and whom we can not yet pack in ice, wish we could, who are a terrible load for us younger men to carry. We have to treat them civilly, when they need us. . . . In this city we all, except a few dear, nice old gentlemen, believe it best that no man be given his license to practice, until he shall have passed the admission examination to the government schools. This will as a matter of course compel every would-be practitioner to do at least a year interne and two years externe duty in a hospital, and incidentally it will make a man not less than twenty-seven when he gets his license. . . . Instead of letting down the bars we are going to make the fence some inches higher, if not a whole foot, at the next issue of the regents' notice to intending students in medicine. Next year a sufficient knowledge to translate at sight any French and German medical book will be demanded at the regents' admittitur. . . . By raising the cost we have crowded out one set of undesirable men, the men who have brains enough for anything, but whose bringing up renders them forever unfitted for the life a physician must lead, yes, debars them from ever being anything but an educated tradesman, who lacking the preliminary culture which is won not by study but by living is denied the social place which is the physician's by right. It makes it a pre-requisite that he shall have those ways and instincts which come from a culture which begins in his cradle. . . . We in this state must wait for the intelligence of the rest of the states to catch up to that of this state. Massachusetts and probably two or three more will enact laws even more stringent at the next meeting of the law-making body. . . . The idea of democracy is unnatural, is contradictory to all and singular everything which we know of natural law, democracy is in itself a silly doctrinaire attempt in defiance of nature. Nature maintains an assembly of aristocracies insured to her by the struggle for existence."

Pages of comment might be written on this, but space permits only considering a few of the most obnoxious sentiments. The candor and brutality of the writer are staggering. Does he reckon it a crime to grow old in the profession? Are men to be thrown aside, because they cannot prepare a microscopic slide or are unskilled in the use of recent instruments? Certain savages knock their elders in the head when they have reached a certain age. Our letter writer's highly sublimed civilization leads to the same humane standpoint. True, he does not kill the "dear, nice old gentlemen," for the law might interfere, but he wishes he could pack them in ice. Some time ago we heard a young, very successful surgeon speak slightingly of older men of world-wide reputation, because their opera-

tive technique was lacking in some points. That is the same spirit. These men forget that the later day refinement in surgery and diagnosis would have been impossible without the labors of the older men and their predecessors.

The world demands that its physicians be educated men, trained and fitted for their high calling. But it laughs at over-education and has very little use for the kind of culture which our writer sets up for a standard. The men who have most advanced the world in the various branches of human activity and notably in medicine, in Europe as well as in America, have almost all sprung from the humblest social ranks. A man like Ian McLaren's grand old Scotch doctor, rugged and uncouth, would be declared forever unfitted by the standard of culture of our writer. Thank God, we find his like nearly everywhere. The world wants a doctor who sees in his patient a human being, not merely a case of more or less scientific interest, it loves more the doctor with broad humanity in a rough coat, than him in the dresscoat, who is distinguished as a leader of the German. The physician's culture should begin in the cradle! He, whose example and teaching have lifted all mankind to a higher moral plane, was cradled in a manger!

The whole letter might have been passed over as the expression of a minority opinion, were it not for its threat of coming legislation in keeping with its sentiments. The writer, editor of a well known medical journal, has apparently no doubt whatever of what the next legislature of Massachusetts is going to do. Men of his kind are expert politicians and probably have their lobbies well prepared. Raising the cost of a medical license will tend to preempt the profession for the wealthy classes. The people are hardly ready to concede this.

JAPANESE SURGERY.

For fifty years the Japanese learned from Europe and America. They have not only assimilated our knowledge, but have carried it to such perfection in practical application that now we may learn from them. What Dr. L. L. Seaman in his book "From Tokio through Manchuria with the Japanese" tells of their surgery is truly marvelous. Dr. Seaman is a competent observer, for he served as surgeon during the Spanish and Philippine wars and the campaign in China. After speaking of the thorough disinfection in the hospitals by the constant flooding of the floors of operating and dressing rooms with bichloride solution, and the fine physical condition of the patients induced by the simple, nourishing diet, he says: "Everywhere in its hospitals the wisdom of the Japanese system of treating wounds at the front was emphasized. Hundreds of the wounded needed nothing but medical treatment after their arrival at Hiroshima. Hundreds of bullet wounds had been healed by first intention after first dressings. Up to the time of our first visit in July there had been more than 600 operative cases and only six deaths. In one of the wards we found fifteen surgical cases, six of which had experienced hemorrhages from the lungs and several in the abdominal cavity as the result of bullet perforations. All were recovering and ten were able to stand up and remain in that position while we were in the ward. Nine patients had been shot through the brain, the orifice of entrance and exit being plainly visible, all were recovering. Up to August 1st, 9862 cases had been received at the hospital, of which 6,636 were cases of the wounded. Of the entire number up to that time only 34 had died—the most marvelous exhibit of successful surgical and medical treatment the world has ever seen."

Dr. Seaman describes the seven hos-

Is it the usual lot of man? What are pital ships employed by Japan to bring the wounded back from Manchuria. Every ship was perfectly equipped and provided. He gives some details of the thoroughness of the sanitation of the Japanese camps in Manchuria. Of 14,000 men in one division in the Yalu, in the early spring, there were only 17 patients in quarters.

A HEAVY VERDICT AND INSURANCE.

A damage suit was recently brought against a well known St. Paul surgeon and a verdict of $14,322 found against him. A patient had been anesthetized for operation on one of her ears. The other ear was also diseased, but the physician had not been able to make a satisfactory examination before. Such an examination was now made and the condition of the ear found to be so serious as to demand immediate operation. The patient's condition did not allow prolonged anesthesia and the first ear was not operated on. Although the surgeon did only his duty and perhaps saved the patient's life, the jury found him guilty of assault. The damages were placed at such an excessive amount, because the jury was given to understand that an insurance company was behind the case. In commenting on this the North-Western Lancet asks whether insurance breeds damage suits, increases the number of verdicts and their amounts and thinks it might perhaps be safer for the physicians to take insurance only against costs of prosecution.

The following is of great value to render the alimentary canal antacid and to act upon the liver and bowels. :

℞

Pulv. black rook, ʒiij.
Pulv. bayberry root bark.
Soda bicarbonate, aa ʒij.

M. Sig. Dose seven grains every two hours until the desired results are obtained. J. A. BURNETT, M. D.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE HOUSEBOAT BOOK. The Log of a Cruise from Chicago to New Orleans. By W. F. Waugh, M. D. Illustrated. Pages, 211. Cloth. Price, $1.00. The Clinic Publishing Co., Chicago.

Dr. Waugh's name on the title of a book is a guarantee that the volume contains something. This book meets the expectations aroused by the title page. Dr. Waugh's plea for writing the book is the dearth of literature on houseboats and the Mississippi river.

Dr. Waugh, with his family and crew, left Chicago in September, 1903, by the drainage canal, floated down it and the Illinois river to the Mississippi and down to the gulf. The book narrates the principal events of the trip, and tells of the mishaps and the many pleasures. They spent the winter drifting down the river, fishing and hunting along the route. An interesting deer hunt is described and an ugly experience with a bobcoat and the killing of a panther enliven the narrative. The book is refreshing and is an agreeable recreation from professional reading. The author drops in some homely philosophy as, "All hands are discouraged with the delay and trouble with the engine—all, that is, except one old man, who has been buffeted about the world enough to realize that some share of bad luck must enter every human life, and who rather welcomes what comes because it might have been so much worse. Come to think of it, we usually expect from Fate a whole lot more than we deserve. What are we that we should look for an uninterrupted career of prosperity? Is it natural?

we that we should expect our own lot to be such an exceptional career of good fortune? Think of our deserts, and what some men suffer, and humbly thank the good Lord that we are let off so easily."

The book is very clearly printed and contains numerous full page half-tone reproductions of photographs taken on the trip.

A Book About Doctors. By John Cordy Jefferson, Author of "The Real Lord Byron," etc. Pages, 516. Illustrated. Silk Cloth. Price, $2.50. The Saalfield Publishing Co., Akron, Ohio.

This volume was published in London some years ago and was enthusiastically received by the profession of England. For the first time the American profession has an opportunity to obtain this delightful book. The first chapter is "Something About Sticks and Rather Less About Wigs." This gives an interesting account of the ways and dress of physicians of the sixteenth century, when doctors wore silk coats, silk stockings, buckled shoes, wonderful wigs and carried large, gold-headed canes and in winter large fur muffs that the hands might be warm and delicate of touch and so be able to discriminate to a nicety the patient's arterial pulsations. Biographical sketches and anecdotes are given of many celebrated old practitioners, in succeeding chapters.

The chapter on "Quacks" shows that the quacks of the seventeenth and eighteenth centuries were very much like those of the present times in their ways. "The Doctor as a Bon-Vivant" is a very clever chapter abounding with witty incidents. "Bleeding" is the subject of one chapter which gives a review of the practice of phlebotomy. "Imagination as a Remedial Power" is an interesting chapter worth reading, as is the chapter on the rise of Mesmer and mesmerism. "The Quarrels of Physicians," and "The Loves of Physicians," show that human nature is much alike in all ages. Every country doctor will appreciate the chapter on "The Country Medical Man," with its tributes to the faithful country practitioner of today, which shows that the country practitioners of the early days were not the skilled and educated men of today. We have referred to but a few of the things in the volume, but enough to show its worth.

The book is a delightful admixture of history, biography and story. The many stories of well known practitioners of early days enlivens the book all the way through. The book can be read for recreation with unflagging interest and yet the reader will derive much profit from it. The book is illustrated with four full-page plates. It is beautifully printed and the physician who purchases it will never regret it.

Woman's Hand-Book of Health. A Guide for the Wife, Mother and Nurse. By Wm. H. Cook, A. M., M. D., With Addenda of Favorite Prescriptions by J. Allen Hubbs, M. D.. Ninth Edition. Pages 408. Illustrated. Cloth. Price, $2.00. R. Cook Hubbs, Charleroi, Pa.

The object of this book is shown by the following quotation from the preface: "The principal object of the little volume here offered, is to instruct her in all the laws that concern the welfare of her own being. * * * By the aid of such knowledge, the people would also be fitted to act with judgment and effect, in cases of great emergency, till a physician arrived, and when a physician was in attendance, it would enable them to understand his purposes so as to become of great aid to him by their intelligent nursing."

The book gives the anatomy and

physiology of the female organs. Pregnancy, labor and puerperal conditions are carefully explained. A valuable chapter is given on the management of childhood. The book is one physicians can recommend and is far superior to many books of this class advertised directly to the public. The work is intended to aid the physician in his work, not to supplant him.

Diseases of the Nose, Throat, and Ear and their Accessory Cavities. By Seth Scott Bishop, M. D., D. C. L., LL. D., Author of "The Ear and its Diseases;" Honorary President of the Faculty and Professor of Diseases of the Nose, Throat and Ear in the Illinois Medical College; Professor in the Chicago Post-graduate Medical School and Hospital; Surgeon to the Post-graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet, etc. Third Edition. Thoroughly Revised, Rearranged and Enlarged. Illustrated with 94 Colored Lithographs and 230 Additional Illustrations. 564 Pages, Royal Octavo. Price, Extra Cloth, $4.00, net; Sheep or Half-russia, $5.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

Dr. Bishop's work has always been very popular with the profession and has had a very large sale, several reprints of the second edition having been sold. The increasing literature and the introduction of new remedies, methods of treatment, and improved instruments and apparatus have caused the author to recast much matter and introduce much that is new. The book does not contain the section on anatomy usually in such works but this is supplied by splendid plates and illustrations. The work is very practical as symptomatology, diagnosis and treatment are given at length. Dr. Bishop gives the results of his large experience but he also introduces freely the work of other American operators. The text all through shows that the book is up to date in the treatment of diseases of the nose, throat and ear. The chapters on "A General Consideration of Diseases of the Nose, Throat and Ear" and "Life Insurances Affected by Diseases of the Nose, Throat and Ear" are well written, original and valuable. The appendix contains a large number of useful formulae. The book contains a very complete index. The illustrations are worthy of especial mention on account of their superiority. The many colored plates are beautifully printed and will be found unusually valuable in every day work. This book will be found equally valuable by the general practitioner and the specialist.

How to Study Literature. A Guide to the Intensive Study of Literary Masterpieces. By Benj. A. Heydrick, A. B., Professor of English Literature, State Normal School, Millersville, Pa. Third Edition. Pages, 151. Cloth, 75 cents. Hinds, Noble and Eldredge, 31-35 West 15th St., New York.

Having read a book, are you prepared to declare that you have made it really your own? Can you discuss it or write about it in a thoroughly intelligent and comprehensive way, as if you had really sized it up completely?

There are many text-books on rhetoric, many histories of literature, some annotated editions containing directions for the study of particular books. But so far no work has appeared which provides systematic instruction in the study of literature itself, applicable to every classic, let us say, or to any

classic until the appearance of How to Study Literature. It is a guide to the study of literary productions. Taking up narrative poetry first, an outline is given, in the form of questions, which will lead the student to comprehend the subject matter, to analyze the structure, to study the characters, the descriptions, the style, and the metre—of such a work for example as Tennyson's "Princess" or Coleridge's "Ancient Mariner." Next follows lyric poetry, with questions for the study of the thought, the mood, the style, the metre; and suggestions for comparative study and collateral reading. In a similar way the drama, the essay, the oration and the novel are taken up, and questions given which will lead to a full comprehension of the work studied.

BLOOD PRESSURE, as affecting Heart, Brain, Kidneys and General Circulation. A Practical Consideration of Theory and Practice. By Louis F. Bishop, A. M., M. D., Physician to Lincoln Hospital and French Hospital, New York. Pages, 112. Cloth, $1.00. E. B. Treat & Co., 241-243 West 23d St., New York.

For fifteen years the author has studied clinically this subject and during this time the care of patients suffering from those diseases and conditions in which the fight for life was a contest with progressive circulatory failure, has formed a serious part of his work. Circulatory disease is more frequent than formerly, under the strain of modern life, and having eliminated many other causes of disease, disorders of circulation dependent upon altered blood-pressure have become very important, hence the need and value of such a book as this.

The author says: "There is an over-respect for so-called scientific work, wrongly limiting the term to that which is in some way with a laboratory and apparatus. This is a narrowness of recent times. There are many sciences besides mathematics, experimental biology, and chemistry, and if clinical workers yield the field of medicine entirely to so-called research workers and the laboratory men, there is certain to be a halt in the progress of the art of medicine as it bears upon the wise management of the individual during the course of his life."

The book merits a careful study by active practitioners who will derive much practical help from it.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued Monthly Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-graduate Medical School. Vol. X. Skin and Venereal Disease and Nervous and Mental Diseases. Pages, 234. Illustrated. Cloth. Price, $1.00. Price of the Ten Volumes, $6.00 or $5.50 in Advance. The Year Book Publishers, 40 Dearborn St., Chicago.

The section on Skin and Venereal Diseases is by W. L. Baum, M. D., professor of skin and venereal diseases in the Chicago Post-graduate Medical School. He considers skin diseases under three heads: constitutional relations of skin diseases, special deermatoses and therapy of dermatoses.

The section on Nervous and Mental Diseases by H. T. Patrick, M. D., professor of neurology in the Chicago Polyclinic, with the collaboration of Chas. L. Mix, A. M., M. D., professor of general medicine in the Chicago Post-graduate Medical School.

The volume presents a good summing of a year's progress in these

branches of the healing art. The half-tone illustrations add much to the value of the work. The doctor who cannot get several times the price of these volumes out of them must be very hard to please.

BOOK NOTES

Huston Brothers, 35 Randolph St., Chicago, have issued a very pretty aluminum calendar which can be used for five years. These calendars are sent free to physicians desiring them.

Swett and Lewis Co. has issued a very neat calendar representing the "autograph" of a high frequency coil. A copy may be obtained free by addressing 18 Boylston St., Boston, Mass.

The Antikamnia Calendar for 1905 is a reproduction of a pretty painting, "Sympathy." If you have not received a copy of this calendar it is well worth sending for. It is sent free to physicians.

The bound volume of The Recorder for 1904 makes a volume of over 500 pages. If you send us your copies for 1904, we will for 65 cents return you the bound volume prepaid. As a practical reference work the bound volume will be found very useful.

"Pneumonia" is the title of a new book, by Dr R. B. Preble, just published by C. J. Head & Co., 40 Dearborn St., Chicago. The price of the book, in cloth, is $1.00. We shall publish a review of it in the February number.

M. J. Breitenbach and Co., 53 Warren St., New York, have sent out their annual remembrance to physicians in the form of "The Physician's Memorandum Book," a cloth bound book with a page for each day of the year. Any of our readers who have not received a copy, may obtain one free of charge.

The December issue of Annals of Surgery completes the fortieth volume and is an anniversary number. It is a remarkable magazine containing nearly 300 pages and nearly 100 half-tone illustrations in colors and black. This one issue of the magazine is a valuable volume on modern surgery. The magazine is published by J. B. Lippincott Co., Philadelphia.

P. Blakistons' Son and Co., Philadelphia, have just issued a general catalogue of medical books. It is a complete list of books, issued by all publishers, arranged by authors and by subjects. The title and price of any book can be found very quickly. This catalogue is a little book of over 100 pages, interleaved and bound in leather and is sent prepaid for 25 cents.

The leading article in Suggestion for January is the continuation of "Suggestion the Basic Principle in Christian Science Healing," by H. A. Parkyn, M. D., the best article ever published on the subject. Suggestion is a monthly magazine devoted psychology. We advise our readers who have not seen it to send to 4074 Drexel boulevard, Chicago, for a sample copy. Although you will not agree with everything in the magazine, it will interest you and give you some food for thought.

Some of the good things in the January Cosmopolitan are: "What Can You Do for Your Children and Grand-Children?" by John Brisben Walker; "The Delusion of the Race Track," by David Graham Phillips; "The Siege of Sevastapol," by Richard Maury; "Our Consuls," by John E. Watkins; "Parisian Peddlars," by Bradley Gilman; "The Manufacture of Musical Instruments," by F. S. Hall. The number contains other articles, fine short stories and a large number of illustra-

tions. We send the Cosmopolitan, Success, The Recorder, all one year and 1,000 premium labels for $2.20.

Lippincott's Magazine for January contains a novelette by Julia Magruder which bears the stamp of a very modern situation. Its title is "The Thousandth Woman." Readers of George Moore's "Moods and Memories" wanted to know more of "Marie Pellegrin." A spicy chapter has been added to close this series of personal reminiscences. "The Culture and the Care of Palms," by such an authority as Eben E. Rexford, answers just the questions people ask about, how to get the best results with house-palms. "Walnuts and Wine" bear the New Year flavor and raciness. The short fiction of the number is good, presenting a great variety of the best of short stories by good writers. The price of Lippincott's is 25c a number or $2.50 a year. We send the Wisconsin Medical Recorder, one year, with 1,000 premium labels and Lippincott's Magazine, one year, all for $2.65.

The sensational "foreword" to Mr. Lawson's story in Everybody's Magazine promised strange disclosures of certain proceedings in a Delaware court-room, in which two dress-suit cases filled with money changed hands under the judge's eyes. This incident forms the climax of the January instalment of "Frenzied Finance," and is the closing scene of a tremendous fight for the control of Bay State Gas. The January number is a particularly good example of the virtues of this publication, for it is an exceedingly entertaining issue, containing not only some very readable short stories, but several articles which are of prime social importance. The first instalment of "Experiences of a Nursery Governess" appears in this number. The author, Miss Martha Bensley, served in a variety of families both in the East and the West, in order to investigate the manner in which American children are reared. 700,000 copies of this number were printed.

The Twentieh Century Home is a monthly of an entirely new class, distinct from other periodicals in every way—distinct in its form, in its elegance of make-up, in the costly paper on which it is printed, in its elaborate and beautiful illustrations—in the tone of its articles—all different from anything to which the public has been accustomed. The January number contains: "Women in British Politics," by Emily Hope Westfield; "The World's Five Hundred Best Books;" "Amid Northern Spruces and Sea-Girt Rocks," a nature article, by H. K. Job; "A Colorado Helen Keller," tells about Lottie Sullivan, a wonderful, blind and deaf mute, by P. Y. White; stories, articles and departments of interest to women. When John Brisben Walker pushes anything it is a success and he is certainly making a success of this magazine. For $2.20 we send The Twentieth Century Home, Cosmopolitan, Wisconsin Medical Recorder and 1,000 premium labels.

The January number of The American Journal of Nursing is one of unusual interest. The leading article is contributed by Mrs. Dita H. Kinney, Superintendent of the Nurse Corps of the United States army, and is entitled "Some Questionable Nursing Schools and What they are Doing." The writer deals boldly with the question of what is coming to be looked upon as quackery in nursing, showing the increase of correspondence and short-course schools that profess to give a nursing education without that training in a hospital which educated nurses and the intelligent public believe to be so essential in fitting a nurse for the duties of the sick-room. Mrs. Kinney's position in the army has given her an

exceptional opportunity to judge the consequences of irregular methods of training, and she emphasizes the injustice to ignorant young women who are induced to take such courses in the sincere belief that they are obtaining the kind of instruction that will fit them for a nurse's work. This article should be widely read.

In these days of high-class lithography when copies of original paintings are produced so that it requires an expert to detect the difference, we feel at liberty to recommend to our readers the lithograph in eleven colors of "Go-Shono," the Apache Medicine Man, the Tongaline calendar for 1905, which has been issued by the Mellier Drug Company of St. Louis. This lithograph of "Go-Shono" has been made from an original photograph taken from life and is unquestionably the most wonderful representation of the Apache Indian, the tribe famous for the craft, cunning and brutality of its chiefs.

Leslie's Monthly Magazine for 1905 will be of especial interest to professional men. Some of the features for this year are: "Leaders in all Walks of Life;" "Mormons as They Actually Are;" "The Great Theatrical Syndicate;" "Vikings of the Pacific;" "The Jew of Wall Street;" "The Healing Art; The Wonderful Things Doctors Have Done," by Dr. A. C. Seeley; "The War in the East." We send Leslie's, Success, Wisconsin Medical Recorder and 1,000 premium labels for $2.20.

The January holiday number of The Metropolitan Magazine is especially strong in short fiction and contains, as well, a number of striking illustrated articles from the pens of well-known writers. One of these papers, entitled "An Artist in Bermuda," is by Charles Livingston Bull, and tells of wondrously beautiful denizens of the tropic waters which encircle that favored island. Edward S. Martin is at his best in a paper on "Convictions." Corwin Knapp Linson describes a picturesque pilgrimage around Jerusalem. One of the features of this number is a series of seven drawings by Malcolm Strauss, superbly reproduced in tint, and depicting a number of scenes in "The Social Game," to be further illustrated in succeeding issues of the magazine. "The World at Large," a department of timely portraiture and comment, contains photographs and paragraphs about such people as Lord Milner; the Countess Cassini; Benjamin Tillman, the eccentric Senator from South Carolina; Major Yamoka. The dramatic department contains a large number of handsomely printed photographs of the attractive men and women of the stage. The comment is by James Huneker, who is well known as one of the leading critics and reviewers of this country. The entire number is sumptuously illustrated with reproductions from drawings, paintings and photographs.

In the leading article of Success Magazine for January, Hosmer Whitfield, who went to Manchuria last spring as the special commissioner of that magazine, to study the war between Japan and Russia, has convincingly set forth his reasons "Why Japan Must Win." William Jennings Bryan has written for this issue a timely article entitled "The Democratic Defeat," in which he says: "A careful survey of the field will lead a Democrat to face the future with confidence and hope. The fact that the party lost all over the Union makes certain that it will not again yield its position as a reform party in the hope of winning the support of the plutocratic element." "How Treaties Are Made" is the subject of the first of a new series of "Diplomatic Mysteries," by Vance Thompson, in which he tells of the difficulties encountered and the diplomacy needed in the making of treaties. One hundred dollars is offered by Success

Magazine for the best reply, by a woman, to Emil Reich's article, "The Future Influence of American Women." Mr. Reich has been much censured for his criticism of the American woman in a recent book. These are only part of the good things in this number. For $2.20 we send Success, either Leslie's Monthly, or the Cosmopolitan, the Wisconsin Medical Recorder, one year, and 1,000 premium labels. For $2.70 we send all four magazines and the labels.

McClure's for January besides nine stories, contains articles timely and pleasing two of which are unique and helpful contributions to two of the most vital problems that American citizens will have to face in 1905.

STEWART EDWARD WHITE

"Lynching in the South," by Ray Stannard Baker, will do more than many an act of congress to break down the barriers of sectional misunderstanding on the negro problem. In "Tuberculosis, the Real Race Suicide," Samuel Hopkins Adams states, no less authoritatively than startlingly, the horrors of "The Great White Plague." He shows that modern science could alleviate and prevent the dread disease, were it not for the ignorance, prejudice and greed of many in our midst. The chapters of Stewart Edward White's serial, "The Rawhide," contain not only the sweeping out-door flavor of Arizona (shown, too, in Maxfield Parrish's wonderful color picture), and the swift action of the catastrophe, but also a marvelous analysis of human suffering. More articles are by Frederic Irland, who writes of "The Reporter Who Became President" (James Madison), and C. E. Williams, who gives, charmingly and truthfully, "A Glimpse of Beavers at Work."

MEDICAL DEFENSE

The case commented upon by Dr. H. Speier in this number corroborates our contention made in these pages that contracts for protection against malpractice suits should be for defense only. The physician holding an indemnity contract only invites litigation. Proper defense can be best made by a company making a business of it with competent legal talent devoted to such work. However commendable defense by a medical society may be it cannot compare with that furnished by a defense company. The best defense furnished the profession today is that furnished by the Physicians Defense Company, of Fort Wayne, Ind. This company issues a contract to expend, if necessary, $5,000.00 in defense of a contract holder, but does not pay judgments. During its existence this company has never failed to secure a verdict for the physician whom it has defended. If the whole profession would support this company, malpractice suits would soon be a thing of the past.

The

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J. P. THORNE, M. D.

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A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

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The Recorder is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 JANUARY, 1905 No. 1

RETROSPECTIVE

In looking back over the year 1904 we find no startling or wonderful discoveries or advances made in the field of medicine and surgery.

The extravagant claims made at first for the X-ray and Finsen light have been sifted and practical experience has given them their proper position as therapeutic agents. The X-ray cannot displace operative procedures in the treatment of carcinoma, but its value has been proven in the early stages and to prevent recurrences after operation. Finsen never made the unfounded claims for the violet light that many of his followers have. The assertions made by Finsen have been confirmed by practical trial.

Ophthalmologists have discontinued the indiscriminate use of the giant Haabe magnet in extracting foreign metallic bodies from the eye, as experience has shown that the foreign bodies are drawn to the magnet with such force that the eye is lacerated frequently. The better method in many cases is to locate the foreign body by the X-ray and then cut down and remove it. A notable discovery is that made by Dr. Thorner, of the University of Berlin, of the method by which the interior of the eye can be photographed.

Considerable impetus has been given to surgery of the kidney by the reports made of Edebohls' operation of renal decapsulation. The surgeon has also invaded the field of the medical man in stomach diseases; in many cases of stomach disorder the surgeon has attributed the trouble to disease of the gall-bladder which he considers amenable to surgical treatment; the surgeon during the last year has also been operating for gastric ulcer. A noteworthy fact in connection with surgery is the establishment of hospitals in the smaller cities in all parts of the country, and in these hospitals good work is being done by competent men. The day is past when all of the surgery will be done in the large cities. The surgeons in the smaller cities prepare thoroughly for their work, and the excellent post-graduate facilities of this age keep them in close touch with progressive surgical practice.

In internal medicine especial attention in this country has been given to tropical medicine on account of our new possessions and the Panama canal. The usual number of new remedies has been announced by the chemists, who are always industrious. Many of

these remedies will be found valuable and many others worthless in actual practice.

The outlook for 1905 is favorable for much progress and profitable work. As in the past the Recorder will discuss new matters as they are presented.

INVESTMENTS

The statement has been repeated in medical publications that physicians are easy prey for stock jobbers, until it has become current and a layman would think physicians are lacking in even ordinary business ability. We do not believe that physicians are any more gullible in this respect than any other class of men. From careful observation we believe that business men buy more questionable stocks than physicians. Business men are more anxious to make more money and make it quickly than physicians, hence they will take greater chances.

As a general proposition it is well to keep clear of mining and oil stocks, as a large per cent. of these companies are not honestly managed. When such companies are honestly managed then it is a question of whether or not anything paying can be found.

It is not right to condemn every stock placed on the market because there is much that is bad. Some excellent opportunities for investment in stocks are sometimes open and the man who improves these chances makes money. The difficult matter is to know which are good investments and which are not. One of the best opportunities for investment ever offered is that afforded by the Motzorongo Company. We have investigated this company thoroughly and know that it is reliable and its officers capable and honest men. We have never admitted any investment advertisements in the Recorder except where we were sure that the investment offered was honestly managed.

Over a year ago we first advertised stock of the Motzorongo Company and since then have carefully watched the company until we have been convinced that the company is all right. Last July the company paid a ten per cent. dividend and next July as large or a larger dividend will be paid. This company owns a plantation of 165,000 acres in Mexico, the best in the country, has a $300,000 sugar mill, nearly 1,000 acres of sugar cane and many other assets. At a low valuation the assets of this company amount to $2,227,000. The last lot stock in this company is now being sold for completing improvements of the property. after this lot is sold, no more stock will be on the market, and it will then increase in value. In a few years this stock will pay an annual dividend of twenty-five per cent. Investment in this stock is safer than money in a bank, as there is no chance for your money to be used in speculation or on Mrs. Chadwicks. Those who take our word that this is a safe and good investment will never regret it.

CORRESPONDENCE SCHOOLS

When the founders of the Chautauqua Literary and Scientific Circle started their commendable correspondence school, they little thought the idea would be seized upon for gain and everything from dishwashing to surgery would be taught by mail courses. Some things can be successfully taught by mail, and many cannot. At present there are correspondence schools advertising to teach nursing and medicine by mail. Imagine what a thoroughly competent doctor he must be, and such an experienced trained nurse she must be, who has learned the profession by mail.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

THE CORRECTION OF ABNORMAL CONDITIONS OF THE BLOOD RELATIVE TO SURGICAL OPERATIONS

By S. C. Emley, A. B., M. D., Wichita, Kansas.

Late Pathologist Augustana Hospital, Chicago, Ill.

Frequently the surgeon is called upon to operate on patients who, when they first present themselves, are in no condition to stand an operation on account of deficient quantity of blood or the poorness of its quality. On the other hand, it is desirable that the patient regain his normal condition as soon as possible after operation, whether the abnormal condition of blood is due to the operation or not.

The ideal remedy is that which will restore the normal condition of the blood in the shortest time with the least disturbance to the rest of the body, the digestive system particularly. Less necessary are palatability and cost of the remedy. To determine which of several preparations best fulfilled the above conditions was the purpose of this investigation.

All of the preparations used being recognized as good, Dr. A. J. Ochsner gave me permission to prescribe them as I saw fit to certain of his patients in Augustana Hospital. Only those cases were selected whose appearance indicated the need of a hematinic. As often as possible similar cases were paired off, one patient being given one preparation and the other patient another, and the results compared. The cases were paired according to pathological condition, age, sex, general condition and the condition of the blood as to hemoglobin and erythrocytes at the beginning of treatment. The preparations used were malt with iron and manganese; malt with iron, quinine and strychnine; Blaud's pills, and the preparation known as pepto-mangan (Gude).

After watching the effect of the medication on the patients, and observing the records, it is seen that Blaud's pills acted quickly, but constipated; the malt combinations caused nausea in a few patients, and the malt, manganese and iron combination caused constipation in nearly all. The pepto-mangan, given in milk, was agreeable to take, and in no case did it cause nausea or constipation. While in two cases the Blaud's pills acted more quickly than pepto-mangan in two similar cases, on the whole the latter gave better and quicker results than any of the others, and at the same time caused no digestive disturbances in any of the cases.

Although the investigation was undertaken for the purpose of finding the best hematinic for surgical cases, it was tried in one case of chlorosis and in several obscure medical cases.

The following table shows the results obtained in all those cases where Gude's preparation was given. One to four drams were given in milk to each case, three times a day. The hemoglobin was estimated with Von Fleischel's hemometer, and the erythrocyte count made with the Thoma-Zeiss apparatus. The first blood count

was made previous to operation in all surgical cases, and the last a short time before the patient's discharge from the hospital. The second count was never made immediately after the operation because of the temporary derangement due to the anesthetic and the loss of blood:

Name	Age	Diagnosis	Date	Erythrocytes per 1 c. c.	Per cent of Hemoglobin
1. G. N.*	53	Carcinoma of stomach	9-29-03	2,920,000	33
			10-12-03	3,400,000	43
			10-25-03	3,260,000	42
			11-8-04	2,520,005	36
2. Mr. L.*	49	Carcinoma of stomach	10-29-03	2,665,000	27
			11-23-03	2,900,000	28
			12-5-03	2,540,000	27
			12-19-03	2,300,000	26
3. Miss J.	17	Acute menorrhagia	12-4-03	2,310,000	36
			12-20-03	3,565,000	44
			12-27-03	4,160,000	49
4. Mrs. E.K.	33	Menorrhagia	12-7-03	4,340,000	44
			1-10-04	3,565,000	64
			1-18-04	5,100,000	82
5. Mr. S.	23	Neurasthenia?	12-16-03	4,060,000	60
			1-7-04	4,260,000	65
			1-14-04	4,560,000	75
6. Mr. K.	35	Tuberculosis of mesenteric glands	11-15-03	3,825,000	62
			12-10-03	4,826,000	68
			1-4-04	4,716,000	66
7. Mrs. F.	23	Pelvis abscess	10-25-03	4,060,000	60
			11-23-03	5,100,000	69
			12-11-03	4,975,000	78
8. Mrs. A.	34	Pelvis abscess	12-10-03	3,195,000	53
			12-29-03	4,293,000	58
			1-11-04	4,560,000	78
9. Miss A.J.	16	Chlorosis	10-25-03	3,010,000	45
			11-12-03	4,950,000	65
			11-28-03	5,676,000	80
10. Mrs. H.	40	Myoma of uterus	7-15-03	2,100,000	42
			8-17-03	3,900,000	55
			9-15-03	4,500,000	80
11. Johnny L.	13	Tuberculosis of hip	12-1-03	2,680,000	45
			12-29-02	3,600,000	55
			1-20-04	4,100,000	62
12. Mr. E. P.	21	Tuberculosis of ankle	10-29-03	4,310,000	66
			11-10-03	4,850,000	71
			1-23-04	5,166,000	75
13. Johnny F.	9	Extensive burn and infection of surface	11-9-03	3,560,000	50
			11-25-3	3,900,000	56
			1-23-04	4,362,000	68
14. Miss E.B.	17	Perforated appendicitis	11-25-03	3,600,000	55
			12-26-03	4,000,000	65
			1-22-04	4,250,000	69
15. N. N.	29	Suppurative appendicitis	12-20-03	4,200,000	60
			1-2-04	4,400,000	66
			1-20-04	5,120,000	75
16. Mr. B.	28	Chronic appendicitis	1-2-04	3,565,000	62
			1-10-04	4,320,000	70
			1-23-04	4,800,000	78
17. Mrs. S.	37	Gangrenous appendicitis	10-10-03	3,300,000	45
			10-27-03	3,350,000	45
			11-27-03	3,010,000	40
18. Miss W.J.	29	Empyema	11-20-03	2,740,000	44
			12-20-03	3,070,000	52
			1-22-04	3,820,000	60
19. Mr. F.	44	Cholelithiasis Chronic appendicitis	11-23-03	3,560,000	57
			12-4-03	4,100,000	68
			1-12-04	4,640,000	78

*Incurable

In the nineteen cases tabulated there is an average increase of 800,000 erythrocytes and of 14.5 per cent. hemoglobin. This improvement was during forty days on an average. The usual time a patient stays in the hospital is twenty-one days when the case is of ordinary severity from a surgical standpoint. Such cases were placed on tonic treatment and showed rapid improvement, but of such cases only one (Case 16) is noted because it might be urged they would improve equally fast with or without a tonic.

It is seen from the above table that even in the cachexia of carcinoma there is a temporary improvement, which shows that in the use of this tonic we are dealing with a powerful hematinic. In Case 17 there was no improvement, the patient dying shortly after the last count. At the autopsy I found a pyogenic abscess in the liver as large as an orange and about 200 c. c. of pus below the right kidney, which explained the retrogression. In all of the other operated cases the improvement was steady and marked, especially in uterine diseases accompanied by loss of blood. In the case of chlorosis (Number 9) the improvement was remarkable, the patient being discharged cured in a little over a month, at which time all the symptoms had disappeared.—Medical News.

PROPRIETARY MEDICINES

It is pretty generally conceded, the world over, that every man has a right to have his own opinion and to follow that opinion so far as he chooses, unless, in his enthusiasm he begins to transgress upon the inherent rights of other men, or to attempt to prevent other men from exercising the prerogative he himself claims. This axiom of liberty should hold just as logically in medicine as in politics or religion, and this is the principle we believe in following. There has been a great "hubbub" over the matter of using propri-

etary medicines. Personally, we use them when we wish to. However, a certain element in the profession will not use them, and in taking this stand they are only assuming what we concede as their right and privilege; but, they go farther and attempt to keep others from using them, and indeed are contemplating an effort to annihilate the proprietary remedy from the face of the earth. It is easy to show that such action would be a misfortune to medicine. for there are certain proprietary medicines which can not be duplicated either in effect, appearance, or elegance, by extemporaneous preparation in the most expert hands.

There is an association known as "The American Association of State Medical Journals," and at the last session held in Atlantic City, last June, the following principles were proclaimed: (a) No journal of this association shall accept an advertisement of a medicine which is not ethical, and "ethical" shall mean that the product advertised shall have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised to the laity. (b) If a product is marketed under a copyright name, the manufacturer shall furnish with it the proper chemical name, and if not patented, then also the process of manufacture. (c) All advertisements not covered by the above paragraphs, or which contain extravagant or improbable claims shall be submitted to the executive committe for approval before they can be accepted.

It is well known that few of our "State" journals have a phenomally large circulation; in fact, it is admitted that very few of them have many bona fide subscriber who voluntarily pay their subscription price. These journals are kept up by the funds taken from the treasury of the fostering State society. Such journals could continue to exist if they never printed an advertisement; if they never announced anything new; if they were solely made up of clippings from other iournals; if they never entered a name on their subscription list outside their own state society; but what excuse would they have for living. Of what benefit to medicine or to progress in medicine would they be when so emasculated?

A certain man has, by long extended experience, discovered some special manner in which certain drugs can be combined so as to exhibit special virtues in palatability or therapeautic efficiency. He offers his preparation at a fair price. He tells what enters into its composition. In some instances he names the amount of each individual ingredient. Has not this man a right to the fruits of his toil? Has he not a right to keep his preparation before the profession by advertising? The Association of State Medical Journals would deny this right. Very probably, if the proprietor of this combination were to state "the process of manufacture," few, if any pharmacist could duplicate his product. In some cases special machinery is required; in others an amount of time is consumed in combining, ripening, filtering, etc., which would drive any pharmacist to dispair, drink, or deceitful manipulation of the ingredients, and the result would fail to represent properly the virtues which the preparation should embody.

The vote was not taken on the principles which The American Association of State Medical Journals proposed, and the matter was held over until the meeting to be held in Portland next year.

As an Editor, we believe we have the right to accept such advertisements as may appeal to us as likely to accrue to the benefit of the medical profession, and as a practitioner of medicine we

claim the right to employ any agent or combination which seems to us to be indicated in the treatment of any given case.—Medical Summary, Dec., 1904.

SURGICAL TREATMENT OF ANTHRAX

By John Alsdorf, M. D., New York City.

On September 30th, 1904, I was called to see Mr. R. W. B., 45 years of age, occupation commercial traveller. He had just returned from an extensive Western trip, and was suffering from anemia and general nervous debility, with loss of appetite, sleeplessness, and the many disorders induced by impoverished blood and overwork.

In addition to the above I found, upon examination, a large flat tumor located in the muscles of the back. The subcutaneous phlegmonous inflammation was so extensive that little doubt remained in my mind that, instead of a simple boil, I had a true anthrax to deal with. Realizing that, in the present condition of the patient, the additional tax upon the system, of suppuration and sloughing of tissue, would prove a serious complication, I immediately placed him on a favorite stand-by of mine, viz.: Bovinine, in tablespoonful doses every four hours.

A crucial incision was made, and the diseased tissue removed. The cavity was thoroughl cleansed with per-oxide of hydrogen, and the frothy effervescence carefully wiped away; then a piece of lint saturated with bovinine was placed over the opening and kept in place with several layers of antiseptic gauze and strips of adhesive plaster. This dressing was changed once a day. The most nourishing foods were administered, and the second day after the operation the quantity of bovinine was increased to a tablespoonful, in a little port wine, every three hours. He was also permitted to take a limited amount of exercise in the open air.

The success of the treatment was demonstrated in the first few days. The wound assumed a healthy appearance and the granulations were of such a character that, at the expiration of two weeks, the opening was entirely closed, and the patient discharged in condition to resume his ordinary occupation.

I write you this simply to confirm my previous good opinion of your valuable product, which opinion grows stronger with familiarity.

AMBULATORY TREATMENT OF FRACTURES

B. A. Evan Ayler, M. D., Greencastle, Ind.

To the Medical Council:

The treatment consists in placing the fragments in the proper position and retaining them there by some form of rigid apparatus which shall not cause discomfort to the patient. There are a number of contrivances used for this purpose, but the devise which appeals to the mechanical sense, is a revolution in fracture surgery is the Ambulatory Pneumatic Splint, which is constructed on scientific principles. If properly applied it gives peace of mind to the physician, as he is confident of success where he was accustomed to failures, less anxiety to the friends and comfort to the patient, and a shorter time confined to the bed. No general practitioner should attempt to reduce and treat a fracture of the lower extremity without this appliance. It provides extension and counter extension, holding the parts in apposition after being placed there, and no possibility of non-union nor deformity following the use of it, as it does away with weights and fracture boxes. Then, again, in com-

pound fractures the dressings can be applied or removed at will and no danger of displacement following the procedure, as you don't disturb the axis of the bone.

I will quote a case of hip fracture treated by Buck's extension and the Ambulatory Pneumatic Splint method. Mr. J. W., age 85, suffered an extra capsular fracture of the left hip two years ago. Treated him with Buck's extension, etc., for eight weeks, at the end of which time the splint was removed and leg manipulated daily for two weeks longer before he was able to assume the sitting position or to get around on crutches, which he did with assistance comparatively easy until the middle of July past, when he was returning to the house from his porch with the aid of his attendant, who cautioned him to stand still for a moment, but being of an energetic turn, thinking he was capable of navigating alone, struck out, when his crutch slipped and he fell. Fearing he would injure the lame hip he threw himself to the right, falling heavily on that hip and fracturing it the same as the left. My attention was then directed to the Ambulatory Pneumatic Splint, which I applied, and his sentiments were, "This is comfort; sorry you didn't use the same treatment before." The time confined to bed was just seven weeks, when the splint was removed. Patient up and about on his crutches, with perfect union.

Case 2. Ernest F., age 12, was kicked by a horse, fracturing the tibia and fibula half way between the knee and ankle, and lacerating the soft tissues. After making the wound and surroundg parts aseptic with the necessary dressing I applied the Ambulatory Pneumatic Splint. Dressed the wound as often as necessary without removing the splint and had perfect union of both bones.—The Medical Council, Philadelphia, December, 1904.

THE RESPIRATORY LINK

The truth of the old adage that a "chain is only as strong as its weakest link" is forcibly illustrated in medicine. The constitution of a patient may in most of its relations be normal; yet the chain of health is impaired by one function which is the seat of more or less constantly recurring disturbances.

The most frequent form of this weak physiologic link that confronts the physician is that manifested by the patient who, with the advent of winter, suffers from repeated congestions and inflammations of the respiratory organs. It may be that at all other times of the year the individual is, as far as indications go, in a good state of general health; it is, however, more commonly the case that the skilled diagnostician is able to recognize an impairment of constitutional vigor, which is in reality the cause of the respiratory disturbances. Present-day scientific teaching emphasizes that it is unwise to treat these patients with expectorants, cough syrups and respiratory sedatives; these latter remedies are at the best but palliative and do not reach the cause of the disturbance. It is more rational to endeavor to strengthen this weak respiratory link by restoring its integrity, and the proper way to the real causative factor, which is an atonic condition of the system.

The experience of many years has taught that these constantly recurring respiratory disturbances may nearly always be prevented or at least reduced in frequency and severity if Gray's glycerine tonic comp. is administered throughout the winter. If, however, this precaution has not been observed and the patient is already suffering from his regular winter cough and bronchial or pulmonary distress, treatment with Gray's tonic is still the most efficient.

The manner of the action of the

remedy in these cases is two-fold: first of all it overcomes malnutrition by stimulating the torpid nutritive functions to assume normal activity; as a consequence the patient's constitutional vigor is strengthened and incidentally the relaxed atonic condition of the respiratory mucous membrane is eradicated.

The second effect of Gray's tonic in these cases is upon the local disturbances of the respiratory mucous membrane—it has a direct antiphlogistic and tonic influence upon the disordered circulation; it thereby relieves engorgement and restores tone to the relaxed blood vessels.

Gray's tonic is to be preferred in the management of these acute and chronic respiratory conditions, because it gives the patient relief from the very start and if persisted in, overcomes the condition completely. It strengthens not only the weak respiratory link but also the entire chain of constitutional vigor.

A SPLENDID MEDICINAL AGENT

The value of the ozoniferous oils, essences and ethers in the antiseptic treatment of diseases, has been largely recognized and demonstrated through the extensive and successful employment of listerine in surgery and in general medicine. Listerine is the trade name or descriptive word for the most successful formula of modern pharmacy, consequently it has been utilized most extensively by medical practitioners, and "improved upon" by nearly every manufacturing pharmacist and in many retail drug establishments to an extent that does not apply to any other galenical preparation within or without the pharmacopeia. This tribute to the originality and value of listerine is very flattering to its manufacturers, who continue to enjoy an uninterrupted increase in the output of their laboratories and a constantly widening market, so that listerine is known and procurable in any reputable pharmacy anywhere. It advertises itself by its own good qualities; indeed the manufacturers have long ago decided that the best advertisement of listerine—is listerine.—The Western Druggist, October, 1904.

AN OLD REMEDY COMBINED WITH A NEWER ONE

The Massachusets Medical Journal recently published the following, which will no doubt be interesting to our readers:

"We believe that members of the medical profession should familiarize themselves wiht the combination tablet of antikamnia and heroin. The first of these, antikamnia, years ago, established a prominent place for itself as a most reliable antipyretic, antineuralgic, and general pain reliever, while heroin is, by all odds, the most efficient of recent additions to our list of remedies. The advantages of this combination are fully illustrated by a report of cases submitted to us by Dr. Uriel S. Boone, Professor of Surgery and Pharmacology, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner, the synergetic action of these two drugs.

"Case I. J. P. Athlete. Suffering from an acute cold. On examination found temperature 101° with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed antikamnia & heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued tak-

ing one tablet three times daily for three days, when he ceased taking them and there had been no return of the cough or pain.

"Case II. Ed. H. Age 30. Family history — hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had be examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia & heroin tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

"Case III. Wm. S. Aged 28. Lost 20 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosies. Evening temperature 101° with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats and one antikamnia & heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

"Neither in these, nor in any other of my cases, were any untoward aftereffects evidenced, thus showing a new and distinctive synergetic action and on which cannot help being beneficial."

PLANTS

Plants usually contain a number of medicinal principles besides various inorganic substances. It will be seen, therefore, that no single derivative from a plant, however potent its action under certain conditions, can properly represent that plant or exercise such a far-reaching comprehensive influence over the system. We all know, for instance, that while morphine acts well in certain cases, opium itself, acts better in others. And there are other alkaloids derived from opium, codeine, herion, papaverine, etc., all having a difference in action and none can replace preparations made from the gum, itself.

There are a few plants, such as opium, cinchona and nux vomica, whose alkaloids have a decided action; others have very little virtue. Phytolacca for instance, is one of our best remedies, but to get he benefit of it, it is necessary to use a fluid preparation made from the fresh root. Phytolaccin by no means represents its medicinal properties. The same is true of stillingia. A tincture made from the green root is curative in syphilis, as was demonstrated during the civil war, but stillingin is a feeble negative agent. Digitalin cannot compare, in therapeautic efficacy, with the tincture or infusion of the plant. Hare says it ought not to be used at all.

A plant is a compound of medicinal agents prepared in the laboratory of Nature, and just as in some cases we obtain better results from writing a prescription which shall contain a base, an auxiliary, a corrective substance and a vehicle designed to promote assimilation, so we often obtain much better results from fluid prepartions which contain all the active principles and medicinal substances, organic and inorganic, present in the plant.

The few striking instances in which alkaloids make a decided impression, are apt to convey a false idea of their general utility. The physician will have to learn to discriminate here as elsewhere. Some of the alkaloids are invaluable in their place, others are worthless or nearly so.

The future of therapeutics is largely bound up with the study of plant life and how to get at the medical properties locked up in them; therefore it is vitaly important that the profession should not be carried away by mis-

taken ideas as to what form of medicine they shall employ in making use of the agents obtained from nature's storehouse.

Some physicians are under the impression that plant remedies are necessarily more or less feeble and the fugitive agents. The facts are that they act quickly, decidedly and are easy to eliminate. They contain inorganic substances, such as sodium, potassium, calcium, etc., in organic combination, admittedly the most scientific form for their administration, and are a factor in the remarkable efficacy of a carefully-made preparation of any plant.

ALKALOMETRY VERSUS GALENICALS

Every practitioner has recognized the want of reliability of the galenical preparations as dispensed by the pharmacist. It seems impracticable to obtain such preparations of the due degree of potency from different druggists, or from the same druggist at different times. The leaves or flowers or roots, etc., of the same medicinal plants vary in the prescription store—whether due to the inferiority of different samples, or the time of gathering and mode of preparation for the market, or the length of time they have remained in bulk or on the shelves of stores. It needs no further proof than that of experience that most of these galenical preparations, as found even in the drug stores, are unreliable—sometimes too strong, but most frequently too weak. The physician scarcely knows the proper dose of such preparations, coming from different reliable druggists—however honest they may be.

Such, however, is not the case with the alkaloids. So much morphine and no more is derived from the poppy, so much strychnia, from strychnos nux vomica, etc.

The time is at hand when the practitioner has learned these facts, and no one more than he should rejoice that the alkaloids have been extracted and prepared for use from such a large number of medicinal plants, etc.

The Alkaloidal method makes it easy to prescribe "the smallest possible quantity of the best obtainable means to produce a desired therapeutic result." These alkaloidal preparations also enable the physician who has to dispense his own drugs to carry about with him as large a variety of the active principles of different drugs as he is apt to need in his routine practice.

With reference to such preparations the country doctor, as a rule, is ahead of the city doctor, who still sends his old galenical prescriptions to the pharmacist. Hence the frequent difference in the reports as to the value of different drugs, as prescribed galenically or alkaloidally. Economy of space, convenience of administration and equable reliability of preparations are all in favor of alkalometry. It is surpassing strange that so many of the standard text books on materia medica and therapeutics have not dealt with this subject as they should have done. We hope for improved standard text books for our students and practitioners.

DIAGNOSIS WANTED

I have a patient who has eruption from evening until 9 a. m., then disappears until 6 p. m., and has been in progress for seven days; very nervous; female forty years old; general health fair; eruption itches and burns while out. J. E. M.——, M. D.
West Virginia.

We present this case for Recorder readers to make diagnosis and suggest treatment.

Sharp and Smith, 92 Wabash Ave., Chicago, have for years made the best of instruments.

CORRESPONDENCE

TUBERCULAR GLANDS OF THE NECK.

Editor Wisconsin Medical Recorder:

Dear Sir: The following extracts from a personal letter relating to the efficiency of multitoxine and collateral treatment in the case of tubercular infection must prove exceptionally interesting to your readers, while at the same time it confirms in no uncertain manner the claims which I have advanced for several years past.

Very respectfully,

JOHN AULDE, M. D.,

Philadelphia, Jan. 2d, 1905.

JOHN AULDE, M. D., Philadelphia.

Dear Doctor: The patient whom I wrote to you of is about well and has had no treatment for quite a while. His neck, which was full of holes and sinuses, has entirely healed, excepting one small sinus, just large enough to enter a small probe, about an inch deep, which still discharges a very little. Patient has no elevation of temperature, and is the picture of health. In fact, he made a full hand all during last harvest and threshing. * * * The cure, if cure it is, is the more remarkable from the fact that about every doctor ever in this "neck of woods," including travelling fakirs, etc., have all had a whack at it, but with no results. Also, some three or four first-class surgeons have at different times operated on him with no benefit, and patient was given up to die when I took charge. * * *

Yours truly,

W. C. McCURDY, M. D.

Larned, Kans., Dec. 30, 1904.

NOTES

Simiba cedron is a reliable antiperiodic. Some claim it to be more reliable than quinine. It sustains the heart's action and the nervous system and is of value in poisoned conditions of the blood. See my article "Simiba Cedron," July, 1903, Medical Council.

Eunonymus atropurpureus is a reliable cholagogue and antiperiodic. It is of much value in chronic malaria and as a stomach tonic. Its action in many conditions is enhanced by combining it with hydrastis canadensis.

J. A. BURNETT, M. D.

TIRED, WORN OUT NERVES

The uniformity, reliability and promptness of action of Daniel's conct. tinct. passiflora incarnata as a nerve sedative and hypnotic in hysteria, nervous headache, restlessness and epilepsy make it the best preparation on the market today. In the case of a boy nine years old, suffering from angina pectoris, passiflora quieted the heart's action, toned the nervous system and gave satisfactory results when nothing seemed to give relief.

In sleeplessness from extreme nervousness, due to overwork, passiflora causes the nervous system to be relaxed and the nervousness to gradually disappear. It is the ideal remedy for tired, worn out nerves.

A physician who had treated a dangerous case of tetanus concludes with this remark, "Convulsions frequent and severe were controlled with Daniel's passiflora."

THE X-RAY

The articles on "Physics of the X-Ray" which Dr. G. G. Burdick, of Chicago, has contributed to the Recorder during the past year have aroused considerable interest. These articles will be continued through this year and will be of increased interest and value as he takes up the practical application of the subject. The next article in the series will be in the February number and will have three full page illustrations.

BRIEF MENTION

The Metropolitan Rug Works, 158 S. Western Ave., Chicago, will make you an elegant rug out of your old carpets.

Edward Pennock, 3600 Woodland Ave., Philadelphia, issues a price list of thermometers which will interest all physicians.

The Epitome is a little medical magazine of up-to-date therapeutics. A copy may be obtained free of the Bioplasm Co., 100 William St., New York.

Pas-avena is a valuable sedative tonic. The Avena Pharmacal Co., Dept. R, 223 E. 80th St., New York, will send postpaid sample and interesting literature.

The twentieth century operating chair is a good one and the price is reasonable. Before you buy a chair write the Perfection Chair Co., Indianapolis, Ind.

G. Walter, Sandwich, Ill., makes a storm hood which many physicians are using. The price is very reasonable and the hood very satisfactory.

Edward Pennock's bulletin of microscopes and micrioscopical supplies contains a lot of bargain offers. If you want one send name and address to 3600 Woodland Ave., Philadelphia.

The psychological depressions and neuralgias so common in the period following a debauch, are lessened or disappear altogether by the use of celerina.

The last issue of the Bulletin-Journal of Animal Therapy is a very interesting issue of this magazine of advanced therapeutics. A copy may be obtained free of the editor, Dr. J. R. Hawley, Stewart Building, Chicago.

MR. J. E. HOBBS, North Berwick, Me.

Dear Sir: The Runners came promptly, and fit my buggy well. For city driving I know of nothing that I have ever purchased that gave the comfort and satisfaction that I have gotten from them. I never thought much of the jounces one gets in an ordinary sleigh till riding in my open sleigh after using the buggy.

A. P. CHESLEY, M. D.,..
Concord, N. H.

Dr. H. O. Walker, professor of surgery, Detroit Medical College, says regarding the ambulatory pneumatic splint: The splint was used on a compound fracture of the femur, the result of a gunshot wound in a physician. He was able to walk about with it with the aid of crutches within three weeks of the receipt of the injury and the results have been perfectly satisfactory.

It is made by the Ambulatory Pneumatic Splint Mfg. Co., 161 Randolph St., Chicago.

I believe Aletris Cordial Rio to be a remedy for the various uterine diseases. It acts as an alterative and tonic, far in excess of any remedy I have ever used. I used it on a patient with congestion of the ovaries, with happy results; also on a patient with dysmennorhea, with good results. Aletris Cordial Rio is certanly a fine uterine alterative and tonic, and fills the missing link in therapeutical agents in the treatment of uterine troubles.—W. T. Wilson, M. D., Bunker Hill, Ind.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. VIII FEBRUARY, 1905 No. 2

Leading Original Articles

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 8 January Recorder.)

FEMORAL HERNIA.

Femoral hernia is a condition seen less often than the inguinal hernia, but several factors make it very desirable to secure wherever possible radical relief for the condition.

These ruptures are as a rule smaller than the inguinal but in my experience they have proven much more troublesome to the patient and more likely to become strangulated. It is also difficult to hold them satisfactorily with a truss.

When the femoral hernia first makes it appearance, the patient does not at once suspect a hernia and becoming accustomed to the presence of the protusion, unless considerable discomfort is caused may not call the attention of a physician to it until strangulation occurs. This variety of hernia frequently causes a tumor which resembles rather closely the inguinal bubo, and may be operated upon as such by the careless diagnostician. The bubo operation is so simple, and the wounds heal without exposing the patient to any considerable danger of septic complications so that some are careless as to their aseptic and antiseptic preparations in such cases. The possibility of femoral hernia simulating the bubo, should always lead one to prepare the field for a bubo operation with care as the inadvertant opening of a femoral hernia without adequate aseptic precautions might lead to the development of a fatal peritonitis.

The femoral hernia consists of a protusion of the peritoneum with certain of the peritoneal contents through the crural canal alongside of the femoral vessels. When the hernia has made its way through the saphenous opening in the fascia lata it sometimes turns upwards over Poupart's ligament while in other instances it extends somewhat downward over the anterior surface of the thigh.

It is important for the practitioner to remember that this form of hernia is very liable to suffer strangulation and he should also remember that a very small protusion of viscera may become strangulated. He should therefore in all cases of acute and severe abdominal pain examine with particu-

lar care to see that a femoral hernia does not exist in a strangulated condition.

Should a strangulation exist, the practitioner will almost invariably desire to attempt reduction by taxis before suggesting operation. An examination will reveal the fact that abduction and extension of a limb is accompanied by a diminution of the size of the saphenous opening and therefor the limb should be abducted and flexed somewhat in these cases to favor the possibility of successful reduction by taxis.

Should attempts at taxis fail in this strangulated condition the practitioner may be forced to subject the patient to operation in order that life may be saved. The operation for femoral hernia is feared by the average surgeon owing to the proximity of the femoral vessels. As a matter of fact with care the practitioner should encounter no difficulty in operating for this condition and if he suture the deeper parts, particularly the Poupart's ligament to the pectineal fascia posteriorly the chances of securing a radical cure are good.

The greatest fear of the average practitioner in working in the neighborhood of large vessels is that he is likely to sever them accidently, or at least open them. Large arteries are the easiest of important structures to avoid. They pulsate so distinctly that the use of the finger in the wound as the dissection is carried on will reveal the approach of the dissection to the large vessel long before it is reached. The large veins are somewhat harder to avoid than arteries, but in view of the fact that the really important veins lie in close proximity to the arteries these latter act as a guide as to their location. It is also the rule that the division of any of the larger veins is accompanied by less immediate complications during the operation and unlikely to be followed by really serious consequences. The most difficult of the important structures to avoid in dissection of femoral hernia is the spermatic cord in the male unless the tissues are freely exposed.

In the operation for femoral hernia, I would recommend strongly the use of an incision in the skin parallel to Poupart's ligament and also one connecting with this incision which runs parallel to the thigh. This free cutaneous section allows the tissues externally to retract out of the way of the operator and by making a careful dissection below the operator can secure a clear idea of his field of operation. The saphenous opening can be freely exposed, the sac of the hernia opened and the sac dissected out and tied off, and then the operator is in a position to intelligently suture the posterior margin of Poupart's ligament to the pectineal fascia either with mattress sutures of chromic gut or with a purse string suture of similar material. Some operators have written elaborate descriptions of all the details of the anatomy of the femoral region and then have described methods of completing the operation in an elaborate and painstaking manner. Should a strangulated femoral hernia exist, the surgeon will cut directly down upon the hernial protusion dividing the various layers of the covering irrespective of their name. He will then overcome the constriction by as little cutting as possible upward and forward and reduce the contents of the hernia, in the event of the absence of gangrene. He will now be in a position to dissect out the sac, this is best in all instances accomplished by a blunt dissection. The sac is tied off and the operator is ready to close his wound. Should the sac of the hernia be empty, the operator will find the sac. The saphenous opening will be a guide in such a case as well as the previous location of the tumor. When he has entered the sac he will in such a case be

FIGURE I

Fig. 1 illustrates the type of skin incision to be preferred in this operation for the relief of femoral hernia. The incision along Poupart's ligament is simply made through the skin in the beginning of the operation. Then a careful dissection is made along the thigh separating the cellular tissue gently and carefully over and about the saphenous opening. The apparent free access thus gained to the deeper parts is of decided help to the surgeon in his earlier operations tending to prevent confusion.

FIGURE II

Fig. 2 illustrates the manner of separating the sac by blunt dissection, in this instance a grooved director being used for the purpose. The freeing of the sac is a simple matter after it has been entered and emptied of its contents. It can always be freed by blunt dissection.

FIGURE III

Fig. 3 illustrates the manner of tying off the sac. It is tied off as high as possible, and to facilitate this hemostats may be attached to it and it may be drawn downward by an assistant until the loop has been fixed. In this case the traction has been discontinued to prevent shadowing of the field by the assistant while the picture was taken.

FIGURE IV

Fig. 4 illustrates the manner of cutting away the sac with scissors after it has been tied off. The stump left need not be large. It retracts as soon as the sac is cut away and the operator is then ready to close the parts.

FIGURE V

Fig. 5. The edge of the pectineal fascia is being caught by the small hemostats and the tissues drawn out so as to allow securing a good bite with the needle in suturing the fascia. The stitch being passed at one point the fascia is drawn out at the second point desired and another bite taken. In this way the operator places his sutures not only so that they approximate the edges of the fascia but also so that the stitches secure a good firm hold.

FIGURE VI

Fig. 6 illustrates a rapid method of closing the skin wound. the thumb and index finger are used to draw the tissues together and raise them in a fold. The needle is then carried through this fold and in this way a complete stitch is made at one stroke.

FIGURE VII

Fig. 7 illustrates the position in which the patient should be placed in the reduction of the strangulated femoral hernia. The patient should have the leg on the side of the hernia drawn upward and toward the median line, in fact across the median line, so that it lies over the opposite leg. Reduction is accomplished by digital pressure. Where the hernia has after leaving the saphenous opening made its way upward over Poupart's ligament the pressure should be first downward and backward, then upward toward the abdomen after the contents of the hernia have been pressed within the saphenous opening.

in a position to dissect out the sac and tie it off as before. The sac may be ligated with plain sterile gut. The operator will now close. Formerly surgeons merely closed the skin wound after this operation. It is well to close the cavity he has made and to approximate fascial layers by slowly absorbable suture material in these cases before closing the skin wound.

This seems to be a crude description of the operation for femoral hernia yet I believe it will prove more valuable to the practitioner than the giving of many pages to the description of surgical anatomy, and then an elaborate description of a technic which demands the recognization of various anatomical structures in the living subject during the operation, something which is often far from easy for even the expert surgeon who operates daily, not to speak of the practitioner who may not operate more than once a month or who is a beginner.

Some surgeons object to angular flaps but I would urge upon my readers the advantage of the free skin incision recommended, where the surgical experience has been limited in this operation, as it goes far toward preventing confusion, and the angular flaps are of no disadvantage to speak of in the absence of suppuration.

(To be Continued.)

The compound tincture of myrrh is a powerful stimulant and antiseptic and greatly aids in preventing a malarial chill and in preventing congestion of the stomach which causes stupor, which often occurs in malarial districts and which is fatal if not soon relieved. The capsicum which is in the compound tincture of myrrh sustains the circulation in the arteries and hastens the action of other remedies.

J. A. BURNETT, M. D.
Pauline, Ark.

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

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(Continued from page 479 Dec. Recorder)

In order to obtain a practically unidirectional current in an X-ray coil, some method must be devised to interrupt the current very rapidly. While none of the different methods in use accomplishes this task; for practical purposes we get a current of greater volume and a stronger polarity when we make a contact, than we do when we break the current, so that very little inverse current runs through our tubes at the present time; a very serious drawback owing to the deposits of platinum from the target from the inverse polarity, as it is only from the cathode that metallic ions are thrown off in great quantities; if we have an inverse current the platinum thrown off from the target will rapidly blacken the tube and the layers become so thick that efficient rays can not be obtained from the tube.

The problem of constructing an interrupter for the 110 volt current was a hard one as may be judged from the many different types in use at the present time. A short experience with the hammer break satisfied western manufacturers that no great measure of success could be obtained with it, that it was altogether too unreliable and troublesome to trust in the average operator's hands, it was early abandoned for something more efficient; although a measure of success has been obtained by three Eastern manufacturers in using this obsolete apparatus.

The first real progress made in the west was the invention of the copper and slate wheel type of interrupter,

which consisted of a copper wheel with slate segments laid into it, one brush was allowed to travel upon the periphery of the wheel and the other upon the axle considerable arcing was present, until we adopted the expedient of directing a jet of compressed air upon the arc, and later extinguished it by a flow of magnetic lines of force. This interrupter made possible the first commercial work in radiography of the deeper structures; it was eventually supplanted by the next type, which we will now consider.

The mercury jet of turbine type; this interrupter placed the coil in such a position that it could compete with the static machine in fluoroscopy, it was such a good all around interrupter that the Allgemeine people of Germany brought forward the first working type of this interrupter for X-ray work, although antedated by Nikla Tesla and the principle patented by him. This wonderful wizard of electricity while experimenting with high frequency currents felt the need of some method of charging his step up transformers from the direct current, but being troubled with the arc he conceived the idea of making a contact with liquid mercury and absorbing the heat of the arc by means of some hydrocarbon fluid. There are a great many hydrocarbons that may be used such as alcohol, kerosene, gasoline, etc., or even distilled water could be used. He constructed a motor and attached upon its armature a centrifugal pump and threw a jet of mercury upon copper segments.

The expense of an apparatus constructed in this way, to say nothing of its appearance, led the Allgemeine people to construct the centrifugal pump in a separate jar, and run it by means of an ordinary commercial motor. This invention gave a great impetus to the commercial use of the X-ray for both treatment and diagnostic purposes. It was found practical for the first time to make skiagraphs of the deeper parts of the body. Almost simultaneously with the advent of this interrupter, reports appeared in the medical journals reporting cases of deep seated diseases cured by the X-ray, and strangely enough failure to cure surface diseases that had heretofore yielded to former types of apparatus. The reason for this anomaly will apper later.

The sharp clear break we were able to obtain gave us a ray of considerable more energy due to the fact that we were able to handle heavier currents through our tubes, and prevent the inverse current from going through the tube and blacking it; as was the case with all the former types when a heavy current was used.

This type usually gives about 3000 interruptions a minute and can handle up to 15 amperes, enough under ordinary conditions to do all kinds of work if a properly constructed coil is used. They give very little trouble with the exception of the belts breaking, and run for months without attention; but eventually all the free mercury will be found united under the influence of the electric current into an amalgam, with the wax from the kerosene, and it must be submitted to the cleaning process, one of the most difficult undertakings if the technic is not well understood. The operator should first remove all gold rings from the hands if he values them, as gold will dissolve in contact with this amalgam like ice on a fire. Next if he has an old iron kettle he can pour the contents of the interrupter into it, and by applying heat drive off the mercury from the combination. Care should be used not to get it so hot that the mercury is vaporized or it is lost. After cooling take the kettle out doors and stir into the mass rapidly about one and a half ounces of pure nitric acid, immediately the kettle is surrounded with orange colored fumes (very poisonous), of nitrate of copper, after all the copper is dissolved

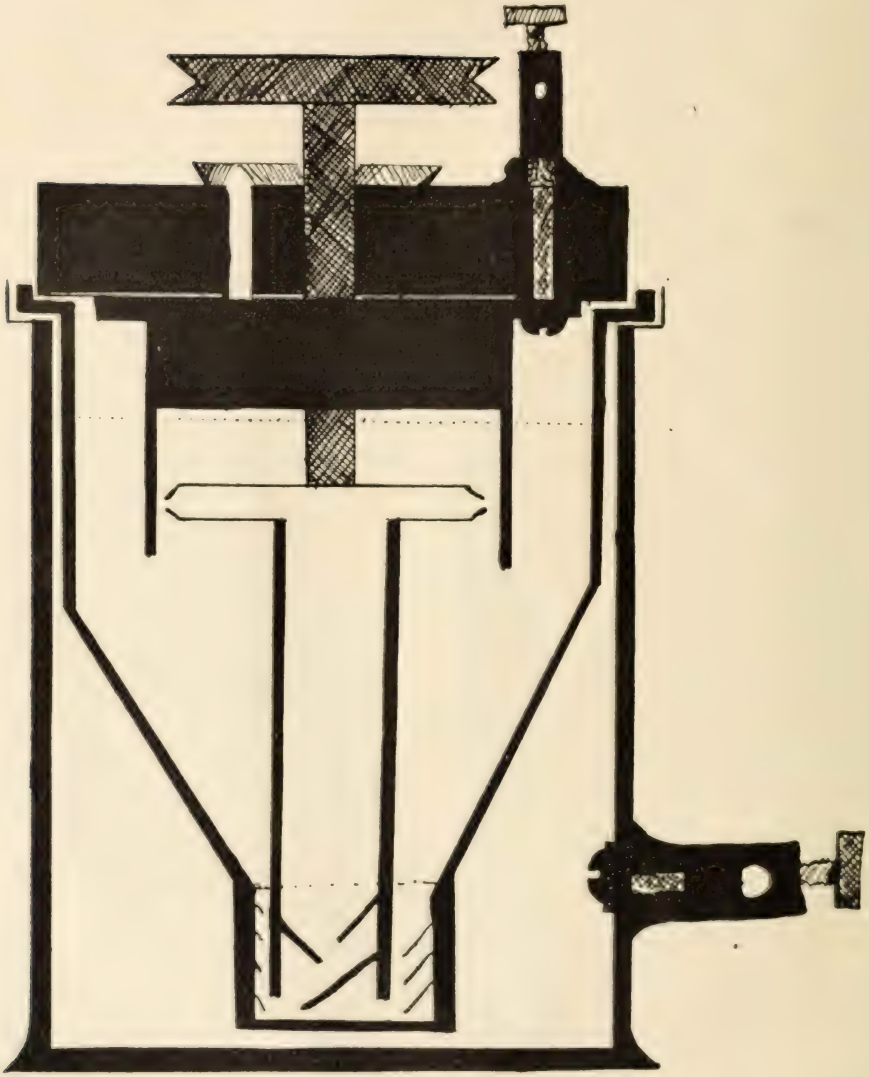

FIGURE I

Allgemeine Type Mercury Turbine Interrupter.

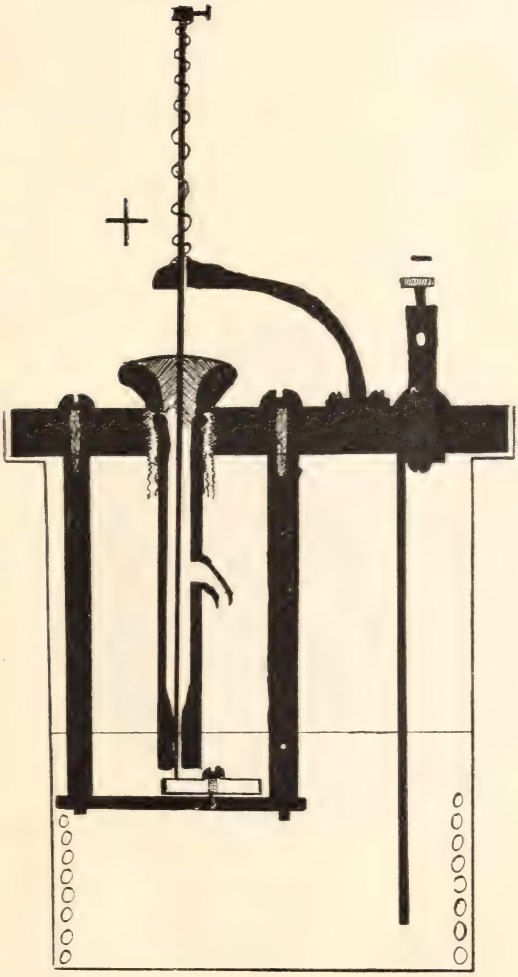

FIGURE II

Dr. Gordon G. Burdick's Type of Electrolytic Interrupter.

FIGURE III

Slate and Copper Wheel with Magnet Interrupter.

out, place it under the hydrant and wash all the loose particles out, and the mercury is left pure. Dry the mercury with blotting paper and it is ready for use. In the meantime the pump should have pure nitric acid run through it to remove all the amalgam that is adhering to the sides, as a loose particle will make more trouble and destroy the temper of the operator and the usefulness of the interrupter. Brush off the segments with pure nitric acid to expose a fresh copper surface, replace the mercury, fill with kerosene and the interrupter is ready for work again for from 3 to 6 months. If the hands are stained in the operation, gasoline will remove it quickly.

It was thought when this interrupter was brought forward that we had obtained the most perfect instrument, and it was until we had perfected our coils, and wanted to use the alternating current that we found it necessary to look further. We used in our experimental work with the alternating current a mercury turbine with two segments run with a synchronous alternating motor, while it demonstrated the practicability of the alternating current for X-ray work, it required too fine a technical knowledge of electricity to keep the motor and interrupter in perfect synchronism, so we turned to the electrolytic interrupter as the most promising field. Its principle was well understood, but no practical apparatus was in existence when we began our work.

We know when we send a current of electricity through a conducting solution that the medium is disassociated into its elements, we also know that gases of all kinds have common insulating properties, so that if we pass a current through a conducting solution gas will accumulate at both electrodes, more at one then at the other, we also know that the most active electrode is giving off hydrogen gas while the other is giving off oxygen, now both hydrogen and oxygen may be used, if we do not use too much current; but as hydrogen is explosive the heat of the arc is frequently hot enough to blow off the end of the tube, so that the oxygen gas is the best to use for this work as it will not burn or explode, and is ideal for this purpose.

This interrupter is usually constructed by exposing a German silver or platinum wire through an opening, so that the fluid comes in contact with only a small part of it, so that when the conducting fluid is decomposed bubbles of gas accumulate around the wire and completely insulate it, causing an interruption of the current to take place. The magnetic lines of force collapsing through the primary gives an inverse current that disperses the gas, and exposes the wire again, and we have another contact flow. The more wire we expose the more gas it requires to insulate, so that we have a slow interruption, while by exposing a small amount we may get a very rapid series of interruptions. It has been found practical to get interruptions all the way from 800 to 60,000 a minute by using different methods of construction.

The wire being upon the active pole, necessarily it is rapidly destroyed, and in order to get a constant period of interruptions it is necessary to feed the wire as it is destroyed. This was accomplished by Dr. A. B. March by using clockwork, but it never became automatic until I constructed mine, where the wire is constantly fed by means of a spring. (See cut.) This interrupter was the result of considerable experimenting in order to perfect a type that might be used upon any voltage of the direct, or any period of the alternating current. After three years of constant use I am happy to say that it is a success, and may be readily adapted to any safe current you may bring into a physician's office. It is absolutely automatic and may be

relied upon to do its work while the physician is elsewhere, a necessity considering the number of physicians that are being burned by standing too close to the apparatus.

It was found that the fluid in all electrolytic interrupters was heated rapidly, owing to the large currents used; in order to overcome this I placed in cooling coils, through which water was allowed to flow from a tap, this was found efficient to keep the temperature about right for practical work, and removed from the office the fumes of sulphuric acid when the fluid begun to boil.

The noise made by this interrupter has been suppressed by placing the jar in a box full of mineral wool. Physicians who have been having trouble with their interrupters cannot do better than make one like it as it is not patented. Several things require attention occasionally with this instrument, the current shows a disposition to excavate the porcelain tube and cause the interrupter to stick. This may be obviated by grinding down the end on a corrundum wheel when the excavation begins to interfere with good work. Second the amount of evaporation should be made up, and about once in three months the fluid should be filtered and the electrodes cleansed, and a small amount of acid added. I have found also that the point of the wire may drill a hole in the porcelain anvil and cause bad work; I overcome that by putting on a porcelain disc with a lead or hard rubber screw, and expose a new place on the porcelain when required.

The solution for 110-volt current direct is, sulphuric acid c. p. 1 part, water 6 parts. For 25 volts and up an addition of sulphite of magnesia should be added, in order to render the solution conducting. And just in proportion as the electro-motive force decreases, just in that proportion should the magnesia be added, and the distance between the electrodes decreased. If it is necessary to use 220 volts or over, we must cut down the amount of sulphuric acid, as we will not get electrolytic effects if the solution does not offer a certain resistance to the passage of the current. The substitution of porcelain for glass tubes in this type of interrupter, was the beginning of the success we attained in our experiments.

(To be Continued.)

GONORRHEA IN THE FEMALE —ETHICALLY CONSIDERED

By E. S. McKee, M. D., Cincinnati, Ohio.

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Puzzling questions have frequently come before me, in the last quarter of a century, connected with my duty to my patients, mostly female, who come to me for the treatment of gonorrhea and its sequelæ. I have on several occasions had the husband in the back office and the wife in the waiting-room, or vice versa, each suffering from gonorrhea and each trying to keep it from the other; thinking, of course, he or she had contracted it on the outside, having had opportunity.

There comes to mind just now one whom I treated for various ailments as a girl. She afterwards married and in a few years her husband came to me with the gonorrhea. During the treatment his wife became suspicious and approached me, trying to find out what was the matter with Jack. I told her that I would not tell on him any more than I would on her, and she would have to seek her information elsewhere. This was peculiarly effective, because I had secrets of hers which I had faithfully kept. She was

no fool, however; she went to the public library, read up on the subject and settled in her mind as positively as only a woman can that Jack had the clap. Their troubles were patched up, peace reigned, and in a few months she appeared with the gonorrhea. War, for a while, then a short truce, now they occupy separate residences. Did I do my duty to the wife who was first my patient and through whom the husband came to me? Was I over-careful, for the wife's good, of the sacredness of the husband's secret?

A dapper young dandy tripped into my office one day and with an honesty which was surprising he said: "My wife has the clap; I gave it to her and I want you to come and treat her." I went, found his diagnosis correct, and conducted the case to recovery. Being just married—it is only the newly married who tells his wife secrets—he was so unwise to tell her what he had told me. Shortly afterwards they moved to St. Louis, and, wonderful to relate forgot to pay me. A few years later a still stranger thing happened. They each began to pay me in installments of five dollars. They kept about neck and neck and I kept still. When they had both paid in full I returned the wife's money to her and kept his. Later the anxiety of both to pay the bill was explained by the filing of divorce proceedings on the part of the wife. I received notice from a very youthful and apparently important notary to come and give my deposition in the case. I went, but declined to tell what the husband had told me about infecting his wife, claiming privileged communication. I was dismissed to give him time to communicate with St. Louis. This proceeding was repeated five times. The fifth time a constable was called and I was placed under arrest and informed by the august youth that I would have to go to jail and remain there till I was willing to testify on this point. I advised him not to send me to jail, which counsel he seemed to think good, and told me that if I would promise to appear before Judge Hollister the next day he would let me go. I promised. I appeared before the judge, the case was argued and taken under advisement. I re-appeared in a week and the case was again taken under advisement. I was called a third time and at the end of three weeks I was ordered by the judge to testify on this point. The argument was that the wife was the patient, that the husband was not. The wife, the patient, wanted the testimony given, hence I was ordered to give it. Had the wife not wanted me to tell I would not have been allowed to tell. Still, the husband came to me as a physician, talked to me as a physician, asked me to treat his wife, giving me such information, in confidence, as he thought I needed to best manage her case. Had I treated him I doubt if I could have been ordered to tell.

The law is that the doctor, lawyer or minister cannot be compelled to testify in court, or elsewhere, what professional knowledge he has about his patient, client or parishioner, unless he or she wishes him to do so. The great majority of attorneys with whom I spoke thought the judge's decision wrong. The second case differs from the first in that the husband had never been a patient of mine.

A patient came to my clinic in August last with the gonorrhea. In September the students began to return after vacation. She forbade me telling them what was the matter, as she had a personal acquaintance with several of them. Had I the right to tell them that she had the gonorrhea or even to show them that she had?

We will call the heroine of my last case Ida, because that was not her name. We will locate her in Avondale, living with her grandmother, because she did not live in Avondale nor did she live with her mother as she should

have done. When I first saw her she had just passed from sweet sixteen to silly seventeen. How well I remember how she then looked. Her cheeks had the soft glow of youth, and when she blushed there came to them a color midway between that of an Alpine rose and a California peach, though she herself was an American Beauty, while her eyes had the hue of the campanilla. When she breathed her innocent and bountiful bosom rose and fell like the gentle swelling and sinking of the pacific Pacific, and under the effects of that abundant mirth which we find only in healthy youth there was presented a panorama of subdued swells and backing billows. She had a mingled expression of timidity and fearlessness, the fearlessness of the consciousness of her own spotlessness. Frequently, however, she was brought to blushes at the praises of her own loveliness. How beautiful is youth! Here comes the truth of that old Spanish proberb: "El Melon y la mujer malos sont de conocer." (Hard to judge by senses human are a melon and a woman.)

Sad it is that such girls are not always as sweet as they look. They are so often badly influenced by their surroundings. This grandmother and her sister, who lived with her, were to my mind the meanest women on earth, and who can be meaner than a woman? Dishonest, dirty, vile, scandalmongers, belonging to that class of whom it is too truthfully said: "At every word a reputation dies." Little did they dream that to them were coming home the lies they told about every one they knew. These things all told on the beauty's temper, and in after years led to the following original verses. The first was composed when she was in a good humor and the second when she was not:

When Ida smiles and shows her teeth
I sigh and feel a deep relief;
Her rose red lips between unfurl
Two glistening rows of prettiest pearl;
I treasure more that radiant smile
Than many a millionaire his pile.

When shown her teeth without a smile,
I wish myself a thousand mile,
Up Egypt's bullrush bordered Nile;
I quickly seize my coat and hat,
Evacuate, avoid a spat,
And feel just like an old door-mat.

To the words used with reference to the Aztec mistress of Cortez, "Hermosa comma Diosa," (beautiful as a goddess), we might add, "Perro Endimoniado," (but possessed of the devil).

She grew. Lovers came and went, and the adage seemed about to prove itself: "Poor girls have more lovers than husbands," and the other, "Fair flowers do not long remain by the way side," seemed almost disproven. Her home life was horrid. At last the one came. He was an ardent lover, but slow to marry. The case lasted for months, even years, and still no crisis. One day in the last of January her grandmother brought her to me and said she had not been well since her return from a month's visit to a distant city. She was out of sorts. Seemed grumpy, nervous, pains peculiarly placed and no satisfactory symptoms. I prescribed and they left. A few weeks later she came to me without her grandmother. She said she had not been unwell since Christmas. She agreed to an examination with surprising readiness, and I told her I feared she was pregnant. She acknowledged the opportunity and declared she would get rid of it. She kept her word, and in due time I was sent for to attend her in a flooding spell. I saw her several times. She recovered promptly and the grandmother seemed none the wiser. This was just subsequent to one of George Washington's numerous birthdays.

I saw nothing further of her; she did not even stop in to pay her bill. Dis-

asters, however, seldom come singly. In June she came to me looking a perfect wreck of her former self. I made a vaginal examination and found all the symptoms of a badly neglected case of gonorrhea. To make doubly sure, I submitted a specimen of the discharges to the city bacteriologist, who found numerous and beautiful specimens of the gonococcus of Neiser. I knew she loved him and I knew this was about her last chance. She was ruined, she was diseased, who but he should marry her and take care of her the rest of her life. Her home was Hell, he deserved Hell for a home, and I was sure she could and would make a hell of a home for him. If he did not marry her I saw old maidenhood ahead of her, and if she made such an old maid as her grandmother's sister who had made life miserable for her and for everyone else who came under her rule, the alternative was apalling. Seduced, impregnated, aborted, diseased —what was left for this poor girl? Surely old maidenhood should not be added to her disasters. She was lean, thin, sick, weak. The long-neglected gonorrhea had involved the vulva, vagina, cervix, uterus, tubes and ovaries. She had vulvitis, abscess of the vulvo-vaginal glands, vaginitis, endocervicitis, salpingitis and ovaritis. Fortunately for this unfortunate girl, the urinary tract was slightly affected.

She dragged slowly through the summer and in the fall began to regain some of her good health and looks, but the half of them seemed gone forever. About this time, after strenuous efforts, I collected my bill, which offended her very much. When Jack is in love he is no judge of Jill's beauty, and her lover remained devoted in spite of the fading of the flower from her cheek and the disappearance of her embonpoint. "To lovers all the world is only landscape." Earlier in this article I mentioned that her cheeks were like the roses. I meant the red roses. After her miscarriage and gonorrhea they were like the white roses. After she had partially recovered her lost health and settled down into chronic invalidism they were like the yellow roses.

Now that I had my bill should I tell her what was the matter with her and raise trouble generally or keep still and let things take their course?

A maiden forsaken
  A true love may get.
A hymen that's broken
  Can never be set.

The cranium cracking complications of the case are these: When she came to me first with her grandmother she had just returned from a visit to her mother, where she had a lover. Her Cincinnati case had become rather chronic. The suspicion had always been in my mind, had she not conceived while away from Cincinnati? And was not her other lover the father of her fetus instead of her Cincinnati lover? What added to this suspicion on my part was the fact that she would not at all allow me to mention in any way whatever to her Cincinnati lover the fact that she had been in a family way and had had a miscarriage. That he was the father of her gonococci I have no doubt, but that he was the father of her fetus I do doubly doubt. I believe, in truth, that while she was away they were both untrue. In fact, on her return she was suspicious of him, probably from her own guilty conscience, and asked him if he had been true to her. Being of Celtic descent, he gave her an evasive answer in words of the following moment: "Doth the lilly inquire of the humming bird, hast hummed and fluttered about other flowers?"

During these months, when she was so ill with gonorrhea and its sequelae, and her lover, though devoted, seemed not matrimonially inclined, the ques-

tions always revolving in my mind were: "Ought I to tell her her real condition. Ought I to tell him her real condition? Ought I to tell her grandmother? Ought I to try to force the wedding, and would I by so doing do more harm than good?

"Those who in quarrels interpose,
Must often wipe a bloody nose."

I decided inaction to be the better part of valor. The result was as good, if not better, than I had could have hoped for. The following Christmas they were legally married. Another question is, as the Cincinnati lover paid for the gonorrhea and the attention at the miscarriage both, was it wrong to let him pay for the other fellow's fetus? This question, however, did not keep me up nights.

Professional secrets are a delicate subject. We should always remain faithful to our trust. It is said that the first newspaper was established by a French physician in 1622, who, finding the news and gossip which he brought on his rounds very welcome, applied to Cardinal Richelieu for a patent to publish the Paris Gazette. This peddler of gossip had not the proper idea of the sacredness of his calling. We should lock up our patients' secrets in our memory, give them the key and then forget. It was Ben Jonson who said: "To tell our own secrets is folly; to tell those intrusted to us is treachery." It has been truly written: "Three may keep a secret provided two of them be dead," for a secret is seldom safe in more than one living breast.

Judge Hollister knows more about law than I do, and he probably interpreted it correctly, but if such is the law it should be changed. I should not have been ordered to tell what the woman's husband told me in confidence as a physician.

THERAPEUTICS OF BENZOATE OF GUAIACOL

By Samuel E. Earp, M. S., M. D.,
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I have made several reports during the last few years of the good results obtained by the use of benzoate of guaiacol and still look upon it with a great degree of favor. The amount of guaiacol which it contains is not only an important factor but I especially like it because many of the immediate as well as the unpleasant after effects are not present in as marked a degree as is true with many other preparations and furthermore the results are uniformly good. The unpleasant eructations as well as the untoward taste are limited and to the extent that they are almost imperceptable, especially is this true in comparison with other preparations of this series.

Reports which I presented to the Indianapolis Medical Society and later appeared in the Cincinnati Lancet-Clinic and one in the Medical World dealt principally with its use in tuberculosis. I gave 3 to 5 grains 3 times a day and continued its use for a long period of time together with the open air methods which have been derivative of so much good in the treatment of this disease. I do not lost sight of the fact that it is necessary to use such agents that are necessary to improve nutrition. Good wholesome food is most important but it is also necessary that it be digested and assimilated; hence remedies which will favor such conditions are appropriate. To relieve the cough of phthisical subjects I combine with the guaiacol 1-10 grain heroin hydrocloride. As an intestinal antiseptic both with and without combination it acts splendidly in dysentery. After the bowels

have been freed and prevented from after accumulations, I give:

℞

Bismuth salicylate.
Guaiacol benzoate.....aa 2.

M. ft. Cap. No. XV.
S. One capsule each 4 hours.

This is put into a capsule in dry form. I do not desire to advocate too strongly the value of antiseptics in typhoid fever but when I do use an agent of this kind I generally select benzoate of guaiacol. In the treatment of the mucous membranes of the nose and throat I let it form a part of some of my combinations. In abrasions of the genito-urinary organs whether specific or non-specific and I might say other superficial ulcers I believe that it altogether with two other preparations make one of the best combinations. For instance:

℞

Guaiacol benzoate.....1.
Anesthesine.....1.
Boric Acid.....4.

M. ft. Chart. No. I.
S. Use as a dusting powder.

I believe this form of guaiacol one of the most important preparations to use in conjunction with the open air method in the treatment of tuberculosis and one of the errors to be avoided is the discontinuance of it too early. This fact has also been emphasized by Dr. Butler who believes that guaiacol benzoate should be used for several years.

Another indication for the use of this remedy is those forms of eczema characterized by almost unbearable pruritus. The incrustations can be softened by lanolin with some other oleaginous substance as a base; and anesthesine will oftentimes act, if there be an abraided surface, in relieving the "itching-pain."

In pruritus of the anus and external genitals I have used this formula:

℞ Guaiacol benzoate..... 2.
Anesthesine..... 2.
Lanolin.....12.
Ung oxide zinc (benz) qs. ad. 30.

M. S. Use locally.

The parts should be bathed twice a day by a weak solution of bichloride of mercury, dried thoroughly by evaporation and then the ointment applied. In case of hemorrhoids the following has frequently rendered good service:

℞

Guaiacol benzoate..... 2.
Anesthesine..... 3.
Lanoline.....16.
Bal. peru..... ..... 4.
Ung. belladonnia.....16.
Ung. oxide zinc, qs. ad....60.

M. S. Local use.

The bowels should be moved twice a day by enema only and not permitted otherwise. If there is a desire for the call of nature voluntarily even then flush out the rectum with the water and thus remove any opportunity for irritation and furthermore remain on vessel no longer than it is necessary to empty rectum. Avoid straining.

The parts should be bathed with hot water then dried before ointment is applied; furthermore rest in bed is imperative. If pain in rectum is unusually severe a rectal suppository made as follows may be used:

℞

Ext. belladonna..... .12.
Heroin hydrochloride.... .12.
Cocoa butter, q. s.

M. ft. rectal suppositories No. XV.
S. One suppository each few hours if necessary.

CHRONIC DYSPEPSIA

℞

Pepsin pure.....ʒss.
Acid hydrochloric dilut..ʒij.
Maltzyme, plain.....ʒviii.

M. et. S. ʒij after meals.

C. E. Boynton, M. D.

MAGNESIUM SULPHATE

By John Auldc, M. D., Philadelphia, Pennsylvania.

Scientific research is the keynote to modern medicine, and in the course of a re-study of a remedy so popular as Epsom salt, quite a number of interesting and instructive deductions should be brought to the front, for the purpose of increasing its utility, while at the same time, the injurious effects arising from its employment can be avoided. Magnesia in various forms has long been used empirically, and without doubt, distinct benefits have been derived, but it is not so clear, as the following remarks will show, that it has been entirely free from harm. My object in the present communication is to outline its indications and develop its limitations, although I shall not attempt to cover the entire ground.

Physiological Action. — When magnesium sulphate, or Epsom salt is taken into the system, the first effect is depletion—through its influence upon osmosis. Such being the case, if taken in too large doses, it will cause derangement of osmotic pressure, producing an effect similar to that which follows sudden loss of blood. Up to a certain point, depending upon the physical condition and age of the patient, its action as an alkali upon this fluid will prove beneficial, increasing its bactericidal properties, but the effect of large doses, carrying out of the system a considerable portion of the antiseptic blood-serum, must prove pernicious, presently to be more fully elaborated. Through the depleting action, congestions are relieved, and when applied locally, its effect upon the trophic nervous system is similar, and thus it becomes a pain reliever, and this also is intimately related to the chemical action which takes place.

The cholagogue action of concentrated solutions is well marked, i. e., it promotes the discharge of bile which has accumulated in the small intestine, and relieving congestion of the bile ducts through its reflex action, the secondary action is that of a liver stimulant, but this effect is noted only in cases where the organ is in a "torpid" state, as it is usually called. When employed in dilute form, the so-called cholagogue action is wanting, the solution failing to create an endosmosis, and as a result, we have well marked diuretic effects. This latter action again, may be notably augmented by giving the dilute solution hot and administering at the same time small doses of calomel, showing the close relationship and inter-dependence of the kidneys and liver as emunctories, but we must take into consideration the physical condition and age of the patient together with the object to be attained—by the exhibition of large doses in concentrated form or small doses well diluted, whether it is to be administered hot or cold and the frequency of repetition.

As an alkali, in small or moderate doses and not too long continued, it improves the blood under certain conditions, but given in too large dosage, or too long continued in small dosage, it is harmful, and as I shall show presently, it may, and I think often does, produce irreparable injury, not only owing to the catarrhal condition which is set up in the small intestine, but also because of the systemic effects, and especially the effect upon the nervous system.

In studying the effect of alkalis upon vegetable protoplasm on the frontier plains, Kearny and Cameron, of the agricultural department, found that magnesia salts were most potent in destroying the growth, the grass withering, gradually turning black and dying off. Indeed, this is precisely what takes place in catarrh of the intestine following the persistent use of Epsom salt, but it remained for Professor Loeb to demonstrate that this effect was due to the influence of the magnesium salts

upon the nerve tissue. Thus, he injected dilute solutions of sulphuric acid, using frogs, and in a short time the frogs began to manifest nervous twitchings, such as we notice in children suffering from summer complaint. Upon substituting injections of a soluble lime salt the twitchings ceased, proving beyond question that the acid had dissolved or filtered out of the nerve protoplasm the lime content with the result that the transmission of nerve impulses was hindered. This coincides with Kearney and Cameron's report that the acid radicle of the magnesia was responsible for the death and destruction of the vegetable protoplasm, and I have no doubt but that many surgeons using magnesium sulphate have frequently noticed the peculiar nervous manifestations, and have been unable to account for them, just as many physicians attending children with summer complaint have been unable to account for the nervous twitchings. In the light of this exposition the mystery is solved—and what is more to the point, it can be proved beyond the shadow of doubt in less than twelve hours.

Clinical Applications. — Within the past few years I have talked with a number of medical friends about this matter, and where they had been so fortunate as to have the late Dr. J. M. DaCosta in consultation, I would refresh their memory in regard to a favorite combination of Epsom salt with aromatic sulphuric acid which had frequently proved exceptionally effective, and they promptly accepted my theory because it fits so perfectly with every clinical detail, although none of them were able to indicate beforehand the exact indications for its employment. This formula is adapted to those nondescript cases of premature calcification with threatened paralysis, but it should not be employed in tubercular infection. In rheumatic cases occurring in advanced age, with acid excess, the benefits are almost immediate, but in tubercular infection, the patient becomes worse. This is an easy problem, because the patient in advanced tubercular infection suffers from acid excess together with intestinal catarrh and nervous manifestations, and needs all the lime for the purpose of aiding in the arrest of the infection. In addition to this, I have demonstrated that the continuous use of magnesium sulphate predisposes to tuberculosis. A patient recently came under observation where this was conclusively illustrated. As soon as the bacillary infection had been overcome, the lime salts created within the first twenty-four hours the most marvelous change — in appetite, strength, sleep, bowel movements, cough and expectoration—in fact, all symptoms, the temperature being normal at the time of beginning administration.

I shall not refer in detail to the value of Epsom salt in the treatment of dropsical condtions of the aged, local congestions such as hemorrhoids, peritonitis, dysentery, the early stage of appendicitis and lead poisoning, but I cannot close this paper without a word of caution relating to the employment of this remedy in the case of children, especially where there is a deficiency of the lime salt. A recent observation has made a profound impression upon my mind in regard to the utter lack of knowledge of this important principle. Thus, the current issue of a medical journal devoted exclusively to the questions relating to diseases of children contains two separate papers by eminent pediatrists with histories of cases treated, both papers being discussed by men standing high in the profession, and not one of them could offer an explanation nor give a reason for the nervous manifestations which occur in children with bowel disorders. If there seems to be any demand for such, I shall take pleasure in offering a paper on this topic next June, in time to catch several thousand babies before the summer is ended.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

MY OBSTETRIC HERESIES

I do not profess to know it all, neither am I "distinguished" or "an authority." Nineteen or more doctors in every twenty will say I am wrong and although I believe that the nineteen know more than I know I feel positive in the stand I take though I will gladly consider and weigh counter-argument.

This is my proposition:

At the present time the large and increasing use of chloroform and forceps during labor is productive of more evil than good, causing more pain and death in the long run than if they had never been known.

My experience in obstetrics is fifteen years. Rarely I have used chloroform. I have never used the forceps. No woman I have ever confined has died directly or indirectly in consequence of her confinement. No one has suffered from sepsis. Excessive hemorrhage has been almost unknown in my experience.

I have in twelve years lost no infants during labor at full term. I have used no instruments other than forceps either but I have extensively resorted to medical and manipulative measures that I will outline in the course of this paper. Being so much alone in my belief and mode of treatment in labor the reader will kindly excuse the frequent use of the pronoun "I" in this article.

Let me report a case:

Mrs. A., aged 26 years, primipara, weight about 135 lbs., height about 64 inches, had been in previous good health. At 10 a. m. I was called to consult with Dr. Jones in her case. Without any attempt at flattery let me say that Dr. Jones is up to date, backed with 15 years of practice, keen judgment and best of all he has the good sense to use active principle medication, and he aborts pneumonia right along in his practice, gaining the deserved reputation of being a good fever doctor.

Still Dr. Jones and I differ somewhat as to how best to treat a case of labor. The doctor is backed by all the authorities as to his methods while the authorities will call me a crank.

Now as to Mrs. A. The good doctor had been called to attend her at midnight. She was suffering with a few very aggravating pains. The doctor during the night began to relieve these with chloroform and at 8 a. m. he gave her a hypodermic of morphine and atropia, the 1-4 and 1-150 grain combination and finding a very tense and non-dilating cervix through which it would be next to impossible to pass the forceps he sent for consultation and as stated above I was upon the scene at 10 a. m. I found the patient in a state of "panic," more or less calmed at times with the chloroform used by the doctor. We talked over the case a few minutes in private and I was quite forward in asserting that I could dilate that cervix with my hand. Dr. Jones was more than fair to me and said: "You take the case from this on and handle it as you think best." I accepted the proposition and the chloroform was laid aside. My wife who is a most tactful nurse and who chanced to be with me began the very difficult task of trying to calm this intoxicated and hysteric woman. Glonoin 1-250th grain granules were given every few minutes. I learned that no enema had

been given and I directed the nurse who had been employed in the case to make a strong solution of soap, soda and warm water to which I added about 10 per cent of glycerine. I had little hope that this injection would effect much because the head was already too low in the pelvis. My wife filled a hand syringe with glycerine and used this but only the clear liquid from the three or four injections given came back, although through the labor liquid feces were pressed out, a thing which rarely happens when full and high injections are used before the head engages and the lower bowel is pinched against the sacrum. I forgot to mention that the position was an L. O. A. While Mrs. B. was trying to quiet the patient I was doing my best to dilate that cervix which in my opinion was reflexly contracted by pressure upon a mass of feces in the colon above which our best efforts could not dislodge because of the pressure of the head against the rectum and sigmoid.

I do not say that medical men in general and Dr. Jones as well, do not advocate cleaning out the bowels when labor begins. They do advocate it but coming down to practice they give too much weight to the statement usually made that the patient has lately had a "good passage."

As to this I never even ask. The presumption should be that the bowels require washing out as high up as we can make not only one but several injections reach. Then the rectum should be filled with glycerine if the pains lack power. Not once only but two or more times if required. I have never known an os to be rigid when early enemas had well emptied the colon. But if the colon is full during a labor the soft parts will resist persistently even in some cases to a veritable vaginismus. The trouble is that so many obstetricians see little further than the chloroform bottle and the instruments.

Now as to our patient. As chloroform intoxication wore off the words "I can't," "I can't," "chloroform," "chloroform," resounded frequently. Every time she said "I can't" we told her that those words increased pain. We finally taught her to preserve calmness and the pains subsiding in order to give her a period of complete rest. I advised 1-3 grain of morphine with 1-125th grain of atropia.

Possibly one-half hour after this had been given she vomited suddenly a large amount of fluid followed by a chocolate colored liquid I should say nearly a pint and this was blood. Immediately I used the thermometer and found an axillary temperature of 100 3-4°. The nurse then told me that the patient before Dr. Jones was called the evening before seemed to have fever. The face had been very red from the first but more so after the use of six or eight granules of 1-250th grain glonoin that had been given from 10 a. m. to 12:30 p. m.

Dr. Jones blamed the haematemesis and slight fever to the glonoin and atropia that had been used but I associated it with a condition of fever antedating our attendance upon the patient. The labor was slow but the patient quite calm and determined after 1 p. m.. The os became gradually lax under frequent digital dilatation that become gradually more agreeable to the patient. At 1 p. m. I calculated that the child would be born in the evening and we should have things over by midnight. All the afternoon the patient was comfortable. She had pains that seemed to count and in them she made few exclamations of distress. It was a dry labor and at 9 p. m. preserving great fortitude and with few outcries she gave birth to a seven-pound child. The perineum remained well intact. The patient was strong

and hopeful and the thermometer in the mouth showed a temperature of 102 1-5°. As there was free hemorrhage the front of the bed was elevated and ergot given. We then in consideration of the fever gave the patient aromatic castor oil, dr. iv and directed defervescent compound, one granule to be given every 30 minutes, all night. The pulse was about 120 per minute and unsteady. Shortly after the oil had been taken she vomited the same and I left 1-10 grain tablets of calomel to be given through the night with the granules. In the morning temperature was 99 1-2°, pulse 90 and of good quality. The bowels had acted several times during the night and the condition in all respects was promising, the baby ditto, although the child was weak at birth because of the long dry labor and the morphine given to the mother, to say nothing of mother's fever and autointoxication.

Somewhat against the good judgment of Dr. Jones I advised that the patient be kept for about one day upon 2 1-2 grains of sulphocarbolate of soda every hour or two, for I could not believe that the bowels that had been loaded with excreta during a twenty hours' labor could be in an ideal condition.

Now the reader will ask Dr. B. why do you object so strongly to the chloroform and forceps treatment? Here are a few of my reasons:

1st. When I use the injection treatment and encourage the patient to be brave, I see little necessity for an anaesthetic if the patient be not a chloroform or drug fiend.

2nd. When I assist the mother by manual dilatation of the soft parts the progress of labor nine times out of ten is fast enough.

3rd. When it is not fast enough I make up the slowness with quinine, calm the patient with glonoin and sometimes with morphine and atropia.

4th. I find that any woman after a labor chloroforming is more cowardly in the view of pain. It makes her more selfish. She persistently reiterates, "I can't," and cries even before she is hurt. She is less an ideal woman. Here is the very opposite of the Spartan character and if there is anything in heredity we would hardly expect her offspring to develop the Spartan character in later years.

5th. I believe only strong willed, resolute, unselfish mothers can beget children of iron characters, such as the world most wants today.

6th. Possibly the brain of every forceps born child is not crippled but we all know that some have been injured by the instruments. Suppose a doctor adds one imbecile per year in his 100 confinements, please consider to what extent he helps to multiply the world's degenerates.

7th. Why does not some one make statistical comparisons between forceps born children and others?

8th. With the increasing use of anaesthetics is sure to come greater susceptibility to pain with a wish to shirk enduring it and the result will be to precipitate a forceps labor at every false alarm which will tend to shortening the period of child carrying and increase the number of premature births bringing an increasing infant mortality, the very end in fact that is being approached by the growing repugnance to child bearing as statistically proved.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

Gentiana quinqueflora is a chologogue of rare value and a reliable antiperiodic. It has cured malaria after quinine had failed. It is more bitter than gentiana lutea and far more valuable in malaria.

J. A. Burnett, M. D.,

A NORMAL LABOR

PRELUDE.

The following piece of versification is a product of the writer's conviction that too frequently a case of labor is "let slide" until something is wrong. Said "something" then is further obscured with chloroform. Finally forceps and an injured baby, a mother that almost dies go to reflect fame upon the "skillful" doctor who makes a triple fee from the very complicated set of conditions he coped with so successfully all without giving his patient even an enema before the head was impacted, he at his wits' end and she hysterical. How often do we hear of perfectly wonderful ways with which some doctors grapple the head and pull their arms off, getting away the enormous foetus piecemeal and digging away the "grown fast" placenta, stopping a deluge of blood, etc., which experience said doctor never would have had provided his grey matter had partaken more of the associative texture whereby comes foresight and common sense to con the situation.

The story of the L. O. A. of labor we relate
The fetal, presentation adaptic to the straight
Of preliminary flexion, of moulding we must sing,
For they combine to form the change that is the lightening,
And flexion flexion, further and moulding doth occur,
To make the first decisive pains that take a hold on her.
Now a lateral inclination of the fetal head we see
Bearing down upon the sacrum Naegales obliquity.
The birth canal is now prepared, dilated we may say,
If a gathering bag of water is pushed upon the way.
The presentation next descends upon the pelvic floor,
And there the occiput must rest to shortly turn some more.
Anterior relation, a left to right, and this
Will bring the infant occiput behind the symphysis.
Birth of the head must follow—extension now is acting,
Over the face the perineum is stretching and retracting.
Then comes the forehead, then the eyes the downward force will win,
We support the perineum and extension frees the chin.
Restitution or untwisting of the neck let it be said,
Is followed by rotation external of the head.
Which now becomes transverse, the face directed to the right,
And all the rest to follow soon, from darkness into light.

Now what is all this to the kid and what to you I say,
Do you con the situation in this an L. O. A.?
Do you lend your reason to it, be the baby he or she,
And take in all the data when you find an L. O. P.?
When the head must further rotate in order not to miss
The nearness of the occiput below the symphysis,
To pull the shoulders after it while twisting to the light,
So that the shoulder to the front shall rotate to the right.
And all the twisting, turning, your mind should never miss,
No matter should you never mind to write it up like this.
Kind reader I have done this work for fiftee years or so
I have never used the forceps and none have come to woe.
I go it lightly on chloroform,
That's partly why, I guess

They seldom suffer any worse
Than after-pain distress.
There are full many ways I find
To help a woman through,
When you are onto all that is
And know just what to do.

My wife declares she wants her wits
about her when she lays
Around the life that soon must leap
the threshold of its days.
And thus I hesitate to cast the chlo-
rine laden spell,
Upon the heart when last it sighs, "the
pains are worse than hell."
For all is brightness if we wait, with
minds that know the plan.
It is not meet hat drunkenness should
dim the dawn of man,
The trouble that is brewing, too oft
starts in the mind
Of the pilot at the helm on a track
that's ill defined.

C. E. Boynton, M. D.

Los Banos, Cal.

THE TWENTY MOST USEFUL REMEDIES IN HOMOEOPATHIC PRACTICE

On page 381, October, 1904, Wisconsin Medical Recorder, there is an interesting article, "A Resume of the Organon of the Art of Healing," by Dr. Reginald B. Leach. This article will no doubt cause many physicians to investigate and give homoeopathy a trial.

For those who wish to investigate homoeopathy the first thing to do is to study the principles and then begin the study of the remedies which are the most useful. In order to know what are the most useful remedies in homoeopathic practice I wrote the following physicians and asked this question: "If you were limited to twenty remedies what would be your selection, that is in your opinion what are the twenty most useful remedies in homoeopathic practice?". The following is the result:

Dr. James G. Gilchrist, Professor of Surgery, State University of Iowa College of Homoeopathic Medicine and Surgery, Author of Minor Surgery and Surgical Therapeutics, gave his list which is only nineteen, as follows: aconite, arsenicum, apis, belladonna, bryonia, calcarea, carbo, colocynthis, graphites, hepar sul., ignatia, lycopodium, mercurius vivus, nux vomica, phosphorous, pulsatilla, rhus, sepia, sulphur, veratrum alb.

Dr. George Royal, Professor of Materia Medica and Therapeutics and Dean The College of Homoeopathic Medicine and Surgery of the State University of Iowa, President of the American Institute of Homoeopathy, gave his list as follows:

"As to the list of twenty remedies I would select if I was limited it would depend whether I was in general practice or a speciality. Also upon the section of the country I were in. In general practice in Des Moines I would choose as follows: bry., berb., cham., coloc., eupat. perf., gels., hepar sulphur, ipecac, kali bich,, kali phos., lyc., lach., merc. sol., nux vom., natrum mur., phos., rhus tox., puls., tartar emetic and veratrum alb.

Dr. Florence N. Ward, Professor of Obstetrics, Hahnemann Medical College of the Pacific, gave her list of twenty as follows: nux vomica, arsenicum alb., bryonia, belladonna, chelidonium, china, cimicifuga, gelsemium, ignatia, guaiacum, pulsatilla, rhus tox., sepia., merc. iod. flav., chamomilla, phosphorous, caulophyllum, colocynthis, collinsonia, podophyllum.

Dr. Wm. Boericke, Emeritus Professor of Materia Medica, Hahnemann Medical College of the Pacific, Author of a Pocket Manual of Homoeopathic Materia Medica, A Compend of the Principles of Homoeopathy, The Treatment of Diseases with the Twelve

Tissue Remedies, The Management and Care of Children Including Homoeopathic Treatment and co-author of the Twelve Tissue Remedies, said:

"In reply we would state that it is impossible to answer the question. The following twenty remedies may answer the purpose: aconite, ars., bapt., bell., bry., china, ferrum phos., kali. mur., gelsem., hepar, ipecac, merc., kali bich., nux, phos., rhus, puls., tart. met., sulph., calc.

Dr. R. C. Olin, Professor of Theory and Practice, Detroit Homoeopathic College, said:

"I doubt very much if I would agree to practice at all with only twenty remedies. You are responsible for human life and while we have so many so-called polycrests no list of twenty remedies will cover all conditions. Then too the class of remedies useful in this latitude and climate may not be so generally useful in another. I will give you a list of the remedies I find use for in this state—that is to say they are more often used than others perhaps. Another list of twenty would add a most valuable number of remedies and one could treat quite of range of diseases with them all. Here is my list of twenty: acon., arsen., bell., bry., calc. carb. 30, cauth., china, colocynth, gelsemium, hepar sulphur, ignatia, ipecac, lachesis, lycopodium, merc. sol. or vivus, podoph., pulsatilla, rhus tox., ver. alb., Dr. Olin further said:

"I have never received much help from sulphur in any potency."

Dr. J. E. Fremaine, Professor of Materia Medica Hahnemann Medical College, Chicago, gave his list of nineteen as follows: aconite, bella., bry., nux vom., puls., arnica, arsen., cham., rhus tox., sulph., china. lycop., phos., sepia merc. s., dulc., ipec., hyos., hepar.

Dr. W. H. Smith, Professor and Demonstrator of Chemistry and Bacteriology, Pulte Medical College, wrote as follows:

"It is difficult to narrow the list down to twenty but I would at least want the following: aconite, arsenic, antimonium tart., belladonna, bryonia, cinchona, colchicum, ferrum phos., gelsemium, hepar sul. cal., iodine, ipecac, kali bichromate, lycopodium, mercurius, nux vomica, pulsatilla, phosphorous, rhus tox., sulphur.

Dr. G. A. Mellies, Professor of Theory and Practice of Medicine Homoeopathic Medical College of Missouri, said:

"Your question is rather hard to answer as my regard is equally divided between all remedies that I am acquainted with. However, the ones most frequently called for considering all classes of cases are as follows: aconite, arsenicum, bell., bry. alb., calc. c., cham., cim. rac., china, gelsem., ignatia, ipecac, lachesis, nux vom., merc. viv., nat. mur., pulsatilla, phosphorous, rhus tox., sulphur, hepar. sul.

E. H. Pratt, A. M., M. D., LL. D., Professor of Surgery Chicago Homoeopathic Medical College, Editor Journal of Orificial Surgery, Author of Orificial Surgery and The Composite Man, gives his list as follows: aconite, arsenic, bryonia, belladonna, colocynth, cactus, calc. carb., digitalis, ferrum phos., gelsemium, jaborandi, magnesia phos., merc. iod., morphine, nux vomica, natrum mur., pulsatilla, podophyllin, sulphur, silicia.

Dr. A. Leight Monroe, Professor of Materia Medica and Clinical Gynecology and Orificial Surgery, Southwestern Homoeopathic Medical College, Author of Materia Medica Memorizer, gave his list as follows: arsenicum, belladonna, bryonia, causticum, ignatia, kali bichro., kali phos., gelsemium, lachesis, lilium tig., lycopodium, ferrum phos., mercurius viv., nux vom., natrum mur., phosphorous, pul-

satilla, rhus tox., sulphur, veratrum alb.

Dr. J. B. S. King, Professor of Practice of Medicine, Hering Medical College, said:

"In reply please find list below of twenty remedies: sulphur, psorium, tuberculinum, natrum muriacticum, lycopodium, bryonia, belladonna, aconite, pulsatilla, magnesia phos., arnica, bovista, sabadilla, hepar sulph., carbo veg., calc. carb., sepia, gelsemium, nux vomica, spongia.

Dr. King further said: "These are not enough to practice medicine with by any means. If choice was limited to twenty these are the ones I would select."

Dr. W. A. Dewey, Professor of Materia Medica and Therapeutics and Clinical Professor of Nervous Diseases, Homoeopathic Medical College of the University of Michigan, Author of Essentials of Homoeopathic Materia Medical and Homoeopathic Pharmacy, Essentials of Homoeopathic Therapeutics, Practical Homoeopathic Therapeutics, and co-author of Twelve Tissue Remedies, Editor of Medical Century, said:

"In answer will say that if I were limited to twenty remedies I would take aconite, bell., nux vom., bryonia, mercurius, puls., gelsem., arsenicum, ferrum phos., lachesis, rhus, calcarea, sulphur, cinchona, lycopodium, phosphorous, sepia, natrum mur., kali mur., ignatia.

Dr. Dewey further said: "These would hit the majority of common ailments and if I could have them in different potencies I could practice very well. I would miss many remedies like coffee, conium, graphites, spongia, kali bich., phos. acid., etc., but could get along."

Dr. A. L. Blackwood, Senior Professor of Materia Medica Hahnemann Medical College of Chicago, said:

Yours is a hard question to answer satisfactorily but I believe the following about the list: arsenicum alb., arsenate of copper, belladonna, chamomilla, chelidonium, colocynthis, digitalis, gelsemium, hepar sul., hydrastis, ipecacuanha, lachesis, mercurius, nux vomica, phosphorous, rhus tox., sulphur, varatrum vir., viburnum opulus. There were only nineteen in Dr. Blackwood's list.

Dr. James West Hingston, Professor of Materia Medica Hahnemann Medical College of Chicago, wrote the most interesting and instructive letter of any which is as follows:

"I name the following as the most important remedies: arsenicum, aurum met., calc. c., hepar sul., lycopodium, medorrhinum, merc. sol., nat. mur., nux vom., phosphorous, phos. acid., platina, pulsatilla, pyrogen, rhus tox., sepia, silicia, sulphur, syphlinum, tuberculin.

"The above are the twenty most important homoeopathic remedies. But if you desire all drugs considered then I would strike out nux vom. and platina, and substitute morphine and chloroform.

"This may seem a strange selection. But if you will note that I have not considered the so-called 'acute remedies' and remember that there are many of us who believe that if all the curative remedies for acute diseases were out of the world both doctor and patient would be driven to proper methods of living and proper adjuvant treatment of accidental and acute troubles you will see some virtue in my selection.

"I easily throw out nux vom. and platina because while they are two of the most frequently used remedies they are called for principally in troubles that are the direct result of habits.

"In short my list of twenty includes first the two great drugs for the relief of pain (they are drugs of mercy) and second the eighteen remedies that are the most potent in subduing ailments that are not dependent upon the habits

of the patient and are not eradicable by any method of hygiene or other method of cure.

"I do not take it that you mean the twenty remedies that I most frequently use that is prescribed but as you say 'the most useful.' The most useful to humanity. Many of the most frequently used remedies may be very readily dispensed with, such as aconite, bell., cepa., gels., etc.

"At the same time I must say that there is another ten that so closely come to the importance of those named that it is almost arbitrary to say one in preferance to another. But thirty remedies would make an excellent list."

Dr. G. E. Clark, Professor of Practice of Medicine University of Minnesota College of Homoeopathic Medicine and Surgery, wrote as follows:

"Twenty remedies are not sufficient to practice homoeopathy—it may do to begin on however but you will soon want more. I carry 84 in my pocket case—the vials of course are very small. I find it very convenient. I do not use the same list of remedies I did in Ohio—there was much malaria there but none here—so the demands will vary. However, the remedies I use here most often are these: aconite X, aloe, apis mel., ant. crud., ant. tart., arnica X, ars. X, bell. X, brom., bry. X, cal. carb., canth. X, china. X, cham. X, colocynth, dig., gels., graph., hepar sul. X, ipecac, kali bich. X, kali carb., lach., lyc. X, merc. sol. X, merc. bijod., nux vom. X, phosphorous X, pod. X, puls. X, rhus tox. X, spong. sulphur X, varatrum alb. Dr. Clark mentioned thirty-four remedies. He further said: "The more important I have marked with an X. But I do not see how you could do without all these. You will not get good results below the 3X potency and will get better results with the 30X or CC. For materia medica I use Herings Condensed. Give these a good honest trial and you will be delighted with results. Raue Special Pathology is also good."

S. R. Geiser, A. M., M. D., Professor of Materia Medica and Therapeutics, Pulte Medical College, said:

"Without giving the matter thought or consideration as you desire a reply by return mail I would suggest the following twenty remedies with which I would be willing to attempt the practice of medicine homoeopathically: aconite, bell., bryonia, gelsemium, nux vomica, merc. viv., merc. cor., canth., apis mel., phos., ant. tart., ars. iodide, hepar sulphur, colocynth, ipecac, kali bich., rhus tox., hyoscy., cal. carb., china.

Dr. Wm. A. Burr, Professor of the Theory and Practice of Medicine, Denver Homoeopathic College, gave his list as follows: aconite, arsenicum, belladonna, bryonia, chamomilla, cantharis, colocynth, china, cemifuga, gelsemium, hepar, ipecac, kali bich., merc. sol., nux vom., phosphorous, pulsatilla, rhus tox., sulphur, veratrum alb.

The above is the result from seventeen homoeopathic physicians who are all professors in some homoeopathic medical college, which speaks for authority on what they say.

In the seventeen selections there were over eighty remedies mentioned.

Nux vomica was the only remedy which was mentioned seventeen times and it was only conditionally mentioned by Dr. Hingston's list. Belladonna, bryonia, pulsatilla and rhus tox., were mentioned fifteen times. Gelsemium arsenicum and phosphorous were each mentioned fourteen times. Hepar sulphur and sulphur were both mentioned thirteen times. Aconite was mentioned twelve times. Ipecac, china and lycopodium were each mentioned ten times. Colocynth was mentioned nine times. Calcarea carb., was mentioned eight times. Kali bich., lachesis, natrum muriaticum, and chamomilla were each mentioned seven times.

The rest of the remedies were mentioned one or more times.

According to the sections the above twenty remedies which were mentioned from seven to seventeen times are the twenty most useful remedies in homoeopathic practice.

It is my desire that this article will be of value to those who want to take up the study of homoeopathic materia medica and give it a test at the bedside as they progress in the study and for those the study should begin on the most useful remedies.

J. A. Burnett, M. D.

Pauline, Arkansas.

Dr. Burnett recently made an investigation of the twenty remedies most used by eclectic physicians. He wrote to twenty-two leading electic practitioners and published the replies in the Chicago Medical Times. The conclusion shows that there were over 100 remedies mentioned by the twenty-two physicians in making their selections. Aconite, gelsemium, and some form of mandrake were mentioned 18 times; belladonna, echinacea, and cimicifuga, 16 times; ipecac, 15; pulsatilla and veratrum, 14; phytolacca, nux vomica, and bryonia, 12; lobelia and morphine, 10; quinine, strychnine, and asclepias, 8; cactus and apocynum, 7; chloroform, hydrastis, baptisia, chionanthus, and sodium sulphite, 6 times. The balance of the remedies named in the answers were mentioned from 1 to 6 times.

ACUTE APPENDICITIS

℞

Sodii salicylatis. . . . . .ʒij.
Ext. cascarae sagradae fld. . .ʒij.
Ol. menth. pip. . . . . gtt. ji
Aquae . . . . . .ʒj.
Syrupi, q. s. ad. . . . . .ʒviij.

M. et. S. Teaspoonful before each meal—Best. Med. News.

HOW I TREATED A CASE OF LUPUS

Lupus from the word meaning wolf (because a well developed case of lupus on the face, gives the countenance a wolfish appearance), has been pronounced not of a cancerous nature by some physicians—but I am of the opinion that it is an "eating cancer" under the name of lupus. I wish to get your readers interested in the medical treatment of cancer, for with proper treatment I believe that 90 per cent of cases of cancer can be cured by medicine if taken before any operation has been performed. I have made a special study of the treatment of cancer by medicine for 36 years, during that time I have treated all forms of cancer. For many years it has been the practice by the profession to cut out everything that looks like a caner. What has been the result? Statistics prove that the mortality from this disease has been steadily on the increase every year. In New York City with her cancer hospital 2500 victims were sacrificed to cancer in that city in 1903. Dr. Thomas Cooler of the cancer hospital, London, England, says, "that out of over 400 cases of cancer operated on in that hospital the average time before the cancer returned was only 4 1-2 months." Dr. Monroe of Scotland says, "that out of 60 cases of cancer operated on by him only 2 cases were considered cured at the end of two years." Dr. Wash in his able work on cancer says, "that the knife is not a cure for cancer." In 1896 I kept a record of 50 cases of cancer of the tongue that had been operated on. Out of the 50 cases not one was cured. The profession has for many years regarded cancer as a local disease. Working on this theory they tried the X-ray and that failed to cure. Last year I saw over 40 cases of cancer where the X-ray had been tried and did not cure. From my long experience with this dis-

case I am satisfied that it is a blood disease and must be reached through the blood. The surgeon can only cut out what he sees under the naked eye while thousands of the germs of cancer are multiplying in the blood.

In February, 1890, I was called to Maine to see a lady afflicted with what the physician there called "lupus." Her face was nearly covered with the cancerous tumor, having its starting point from the nose, a red angry looking base covered with scabs which gave the face an almost inhuman appearance. The odor from the disease was something fearful. The general health very poor, no appetite, indigestion and general debility. Physicians of different schools of medicine had been trying to cure her but she kept getting worse all the time. I gave my opinion that she could be cured and had her brought to my house where I could attend to her case personally. To begin the treatment a saturated solution of chloride chromium was painted over the scabs once a day for a week. Then the face was poulticed with slippery elm bark once in 2 hours to clean off all the dead matter. I then applied a wash of:

℞

Sulph. zinc.....grs. CLX.
Pond's ext. hammamelis....Oj.

M. Sig. Apply on soft linen cloth with wash to the face once in 3 hours. Gave her internally:

℞

Elixir iodo-bromide calcium (Tildens).....Oj.

M. Sig. Teaspoonful in a little water after each meal. 1-40 grain of sulphate of strychnica before each meal and at bedtime. In ten days her face looked better and felt better. There was scarcely any odor from it and the scabs were all cleaned off. Her appetite and digestion very much improved. The internal treatment was continued, but at the end of another week I used externally:

℞

Salicylic acid.....grs. XL.
Vaseline.....ʒiv.

M. Sig. Spread on soft linen cloth and apply to the face 3 times a day. To remove the slight red discoloration near the end of her treatment I ordered her to use ext. witch hazel. Bathe the face with this several times a day. This remedy is one of our best for redness and inflammation. In 2 months she was cured of the lupus and there has been no return of the trouble for 15 years.

ELI G. JONES, M. D.
New Brunswick, N. J.

If Dr. Jones can suggest non-operative treatment of carcinoma which is successful we shall certainly be glad to know all about it. We do not feel as sanguine as Dr. Jones does regarding such treatment, neither do we regard surgical treatment as hopeless as he does. Our idea is that an early diagnosis and early complete removal of malignant growths is very frequently successful. In our own practice we have thoroughly removed epitheliomata of the eyelid many times with no recurrence. Dr. Jones will have an interesting article in the March Recorder.

URTICARIA

In answer to J. E. M., M. D., West Virginia, I would call it hives.

I would cure it by applying freely over the entire surface of the body an ointment made of white cosmoline or vaseline and powdered acetanilid Move the bowels thoroughly with some saline twice a week giving fluid ext. belladonna in one drop doses twice a day in half glass of warm water.

M. E. JOHNSON, M. D.
Pittsburg, Kans.

WINTER AILMENTS OF THE AGED

The chest diseases of old people, of which coughing is a marked symptom, are among the most frequent conditions the physician meets during the winter months. From their tendency to chronicity the treatment is not, as a rule, the most satisfactory.

Many elderly people are prone to disregard the laws of health, and often recklessly expose themselves to the hazards of weather. Others go to the opposite extreme, living in super-heated rooms, often ill-ventilated, and keeping themselves constantly swaddled in an excessive amount of clothing. The skin being thus bathed in perspiration is devitalized thereby inviting colds and respiratory affections. Each recurrent attack of bronchitis leaves the mucous membrane of the tubes more congested and tenacious with greater susceptibility to future invasion. If coughing persists for some time, an emphysematous condition ensues.

It should be borne in mind that cough is often produced reflexly. Adenoids or a relaxed uvula, nasal polypi, impacted cerumen in the ear, are frequent causes. An enlarged liver or dilated stomach may produce a violent cough. As a rule, however, the trouble centers around the organs of respiration.

Old people with chest ailments should be regular in their habits, and should keep the body protected by sufficient clothing for comfort, especially should the feet be kept warm and dry. Plenty of fruit should be eaten and water drank freely, as this helps to rid the body of impurities and retards arteriosclerosis.

Old people are, as a rule, constipated and have sluggish livers. Aloin and podophyllin in tablet form are efficient, with an occasional dose of calomel followed by a saline. It should be remembered that calomel acts upon every gland and secretory organ in the body, the respiratory tract included.

Cough syrups containing opium should seldom be given persons of advanced age, as it checks elimination. The same is true of atropine, quinine and many other drugs frequently prescribed. The body of an old person is under constant disintegration, hence the necessity of keeping the secretions and excretions active.

Respiton in one-half to one teaspoonful is an ideal remedy for the various respiratory diseases of persons advanced in years. Its effect is to stimulate and eliminate, while producing sedation without depression.

This preparation contains, among other valuable agents, asclepias, a drug whose therapeutic virtues have been somewhat overlooked by the profession. It is a relaxant of the mucous membrane of the bronchial tubes and also acts as a sedative. Its action does not stop here, for it is mildly diuretic and powerfully diaphoretic (Potter) thus making it a good eliminative agent. The indications for such a remedy are obvious when we consider the fact that in most old people elimination does not keep pace with retrograde metamorphosis.

If the heart is weak, functional or organic, digitalis helps the majority of cases. If there is a nervous element, insomnia, etc., neurilla in teaspoonful doses near bedtime acts very nicely. Hot milk sipped at bedtime also has a very soothing effect.

These remedies and measures applied early in conjunction with good hygiene and a favorable environment will abort many an attack of bronchitis which, unheeded, would eventually result in a serious condition. A little more attention along this line, given to old people and the death rate from pneumonia —"the old man's disease"—might be materially reduced.

W. T. Marrs, M. D.

Jewett, Ill.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

SERUM AGAINST FATIGUE.

This is not a joke, but a bona-fide "scientific" contention, the logical development of the recently advanced theory that fatigue is the result of a toxin produced by muscular exertion or perhaps a bacillus. Weichhardt (Munch. Medic. Wochenschr.) claims to have obtained a stable antitoxin which, when taken by the mouth in moderate doses, permits the output of an increased amount of muscular energy without fatigue and when taken continuously causes a feeling of physical comfort and increases the capacity for work. It is obtained, like other antitoxins, from the serum of horses which have been subjected to extreme muscular exhaustion. That this toxin is not the normal product of ordinary muscular activity is proven by the fact that a muscular extract taken from unfatigued animals, when injected into others, causes no physiological effects, while one taken from animals after great muscular exertion when injected into small animals, causes all the symptoms of fatigue and, in large doses, death. Weichhardt recommends his antitoxin for use in convalescence, neurasthenia, etc. Its practical possibilities would seem almost unlimited. For instance, in a future war the side which has an ample supply of it would have an enormous advantage.

FEEDING IN TYPHOID FEVER.

Clinical observers have gradually come to the conclusion that an exclusive milk diet in typhoid fever cannot sufficiently supply the demands of the body. H. A. Hare tells in the Therapeutic Gazette how he himself became conscious of the inadequacy of an exclusive milk diet in typhoid fever, while passing through a siege of the disease. An adult, he explains, requires about 2500 calories a day and as a quart of milk represents from 500 to 600 calories, it would be necessary to give about five quarts a day to a patient. This is not practicable. Since his personal experience Hare gives a mixed diet with good results. After the first week his patients receive from one to two soft-boiled eggs a day, in addition to the ordinary allowance of milk. The diet is varied by the use of whey and curds, rice, which has been boiled to a pulp, wheat, barley, oatmeal gruel and a cup of cornstarch with vanilla or some other flavor. The marked ataxia so common in typhoid convalescence is rarely observed in his patients. Boils and bedsores are unknown. The patient's vital resistance is so strong that simultaneous collateral infections do not take place. On account of the deficient secretion of digestive juices appropriate drugs are administered, such as pepsin and hydrochloric acid, when proteids are taken. Hare does not believe in the use of beef tea, nor that the free use of cold water in itself is the chief factor for good in these cases, but that good feeding and thorough rubbing are most important. Sponging with friction, instead of the plunge, is attended by beneficial results. In cases in which there is profound toxemia, but in which the temperature is below 102 1-2 degrees, the point at which the cold plunge is considered wise, he advocates the use of tepid baths. By the use of hot or tepid baths with friction circulatory equilibrium can be reestablished, toxemia diminished, and the temperature reduced to normal. Hare finds that with good feeding he does not have to use nearly so much alcohol as formerly, for the

patient burns up food products in the body instead of burning up alcohol.

This, coming from an authority on therapeutics, agrees fully with the experience of the writer. He feeds his typhoid fever patients, cautiously of course, has almost given up the use of the full cold bath in favor of sponging with tempered water and gives alcohol very sparingly. And he has obtained better results than formerly.

LUNACY EXAMINATIONS BY OSTEOPATHS.

A Duluth physician was shocked by being called to examine in probate court a supposed lunatic with an osteopath and the medical society signified to the judge its disapproval and wrath. A practitioner, who obtains a state license by examination, thereby obtains probably a share in all the rights and privileges which physicians enjoy, irrespective of the school to which he may belong. Really, though, a D. O. may possess as much knowledge as the average M. D., who seldom has more than a vague knowledge of mental diseases. The examination itself consists in the filling out of printed forms and asking a few perfunctory questions and is for the most part more or less of a farce, usually more. Anybody can be sent to an insane asylum under these blanks and examinations.

The chiropractics, who are becoming fairly numerous in Minnesota, have introduced a bill in the present legislature to create a special board of examiners for them. They may not succeed at once, but this state has established an enviable precedence by creating special examining boards for osteopaths, opticians, who figure now also before the public as doctors, horseshoers and barbers. No one need despair.

PHYSIOLOGICAL FUNCTIONS OF THE APPENDIX VERMIFORMIS.

Owing to the ease and apparent impunity with which during the last twenty years thousands of appendices have been removed, and as undoubtedly many pathological processes within the abdomen have their starting point in the appendix, an organ for which no function could be assigned, it has been commonly looked upon as a useless, dangerous incumbrance, a rudimentary organ in the course of retrograde involution, left by a kind providence for the special benefit of the surgeons, many of whom it has helped to fame and fortune. Surgeons quite generally search for and remove the appendix, when they have to open the abdomen for any reason whatever. True, many physicians have never fully adhered to this view. They will be thankful to Sir William MacEwen, one of the foremost British surgeons, who in the Huxley lecture, delivered before the Charing Cross Medical School on Oct. 3, 1904, showed the appendix to play an important and almost indispensable role in the process of digestion.

After a review of the comparative anatomy and physiology of the cecum and appendix, proving them to be not merely receptacles, but actual digestive organs, he gives the results of direct observations on man. The cecum is seen to undergo a series of changes in form, broadening, elongating, or churning, reflex movements set up by the entrance of food into the digestive tract or chiefly the passage of chyme through the ileo-cecal valve. Some of these movements originated in the appendix, the undulating movement running upward from the appendix and causing the contraction of the cecum. A glairy mucus, secreted by the cecum and appendix, does not exude constantly, but flows to a marked extent just before food begins to pass through the ileo-cecal valve. Chyme passes in small quantities and with interruptions, so that it has time to become thoroughly mixed with the secretion from the appendix. Both the cecum and appendix are so richly supplied with lymphatic follicles and the glands of Lieber-

kuehn, as to leave little surface for absorption. It is evident that the organs are made for digestive purposes rather than for absorption, the secretion of the appendix must be considered a valuable aid to digestion. The nervous supply of the appendix consists in the terminal branches of the same group of nerves as supply the small intestines and it would seem, as if this nervous mechanism controlled reflexly the ileocecal valve, regulating the amount of material which passes from the small intestine into the cecum. One of the troubles of operation in this region consists in the arrest of this control and the flow of the fluid contents from the small intestine into the cecum at a rate greater than the cecum and appendix can deal with.

It is impossible to do justice to the lecture in a brief abstract. Every physician ought to read it in full and will feel repaid for doing it. It is a masterpiece in every sense, one of the classics of medical literature, the kind of study and investigation which really promote true scientific progress, a relief from the dreariness of articles giving the life history of some newly discovered bacillus, or boastful reports of "my first thousand operations for —"

The editor of the Medical Examiner and Practitioner, commenting on the lecture, says: "At least ninety-nine in every hundred who have survived the operation (for appendicitis) ten years are plainly sufferers from some deep-seated derangement of all the processes of nutrition."

Why cannot the numerous readers of the Recorder take up this important matter, investigate and report whether their experiences lead to the same conclusion?

Atheist: a person who worships nothing but himself. Bore: a person who talks more than you do.—E. K. Stone in Leslie's Monthly.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE SURGICAL TREATMENT OF BRIGHT'S DISEASE. By Geo. M. Edebohls, A. M., M. D., LL. D., Professor of Diseases of Women in the New York Post-graduate Medical School and Hospital, Surgeon to St. Francis Hospital, New York., etc. Pages, 338. Illustrated. Cloth. Price, $2.00. Frank P. Lisiecki, Publisher, 9-15 Murray St., New York.

The treatment of Bright's disease by renal decapsulation is a procedure developed by Dr. Edebohls in which the profession is much interested. We have from time to time published in the Recorder reports on the subject and we are pleased now to notice Dr. Edebohl's book giving all the literature to date.

Edebohls has long been generally known in connection with his operation of nephropexy and for many years a common feature of the operation has been the stripping off of the capsule of the kidney. In some of his cases of movable kidney the usual signs of chronic nephritis were present at the time of operation and it was an agreeable surprise to find that, apparently as a result of operation, the albuminuria and casts disappeared and the patient was restored to health.

The operator supposed that in these cases the symptoms of chronic nephritis were due to the abnormal position of the kidney, with the circulatory disturbances consequent on this. It has long been known that in cases of movable kidney we may have occasional attacks of albuminuria, and the presence of hyaline casts, due no doubt to con-

gestive conditions of the kidney, consequent on temporary interference with its circulation, as might readly be caused by kinking or torsion of the renal vein, a congestion similar to that caused by obstructed cardiac circulation. "If displacement of the kidney gives rise to congestion why may not the latter condition occasionally progress to inflammation? And if nephropexy of a movable kidney will do away with renal congestion why may not the beneficial effects of the operation, occasionally at least, assert themselves even when the circulatory disturbances have already progressed so far and been so long maintained as to result in the changes characteristic of chronic nephritis." So argued Edebohls in 1899, and two years later we find a decided advance, when he writes thus: "Growing experience has added confirmation . . . and I am now prepared to go a step farther and to propose surgical intervention for the purpose of attempting a cure of chronic nephritis, whether the affected kidney be movable or in place." And a few months later (New York Medical Record, Dec. 21, 1901,) he says: "Gradually the idea dawned upon me that surgical procedures which led to a cure of chronic nephritis in kidneys that were movable would be even more likely to prove curative when applied to kidneys not suffering from displacement. For a while the conception that the cure of the chronic Bright's disease was due to the correction of the displacement of the kidney by nephropexy stood in the way of the development of the idea. It was not until three secondary operations upon kidneys which had been anchored some time previously, demonstrated to me what I now believe to be the essential conditions underlying the cure of chronic Bright's disease by operation, that I saw my way clearly in the matter."

The post-operative condition here referred to is the establishment of a collateral circulation between the kidney substance and the vessels in the fatty capsule and perinephric fascia.

Edebohls points out that the kidney and its fatty capsule are liberally supplied with blood-vessels, but he believes "the fibrous capsule proper forms an almost impenetrable barrier to the passage of blood-vessels between the kidney and its fatty capsule." By the removal of the fibrous capsule the way is open for a free supply of blood to the kidney from without, supplementing that from within, weakened by disease and thus providing sufficient nutrition for the perishing secretory cells. "Arterial hyperæmization" is thus considered to be "the basic factor underlying the subsequent changes which resulted in a cure or improvement."

The book gives the complete histories of seventy-two cases, of which thirteen received no benefit, while fifty-nine patients experienced amelioration varying all the way from slight and temporary improvement to complete cure. In nine cases the operation proved directly life-saving by rescuing the patient from immediately impending death. Naturally the author is enthusiastic about his operation but he frankly admits that a much longer period of observation than the period of time elapsed since the introduction of the procedure is necessary before final judgment can be passed upon the real and full value of renal decapsulation for chronic Bright's disease.

* * *

PNEUMONIA AND PNEUMOCOCCUS INFECTIONS. By Robert B. Preble, A. B., M. D., Professor of Medicine, Northwestern University. Pages, 211. Cloth. Price, $1.00. Cloyd J. Head & Co., 40 Dearborn St., Chicago.

The progress made in the last few years in the study of etiology and pathology makes such a book as this

necessary. The works issued a few years ago do not present the definite knowledge of pathology and diagnosis we now possess. Pneumonia, as considered in this book, means the acute inflammation of the lungs with exudation in the alveoli as the result of infection with the diplococcus pneumoniae of Fraenkal-Weichselbaum. The etiology, pathology, symptomatology, complications and sequalae are thoroughly discussed in this book.

While the treatment of pneumonia has not kept pace with the progress in etiology and pathology, yet the general knowledge we now have of the disease will doubtless lead to more satisfactory treatment. The author says that the mortality of pneumonia is the same today as 200 years ago but he is not the pessimist that some modern writers are. He gives a summary of methods of treatment which have been considered of value in the past and then presents his own views on treatment which are very rational. He advocates proper ventilation, good elimination, supporting diet and meeting the various symptoms and complications as they arise.

The book is illustrated with a number of charts and a full page half-tone plate. It is a book worth reading and worth owning.

PRACTICAL DIETETICS with Reference to Diet in Disease. By Alida Francis Pattee, Graduate Boston Normal School of Household Arts; Instructor in Dietetics, Bellevue Hospital Training School for Nurses. Second Edition Revised and Enlarged. Pages, 312. Cloth, $1.10. Published by the Author, 52 West 39th St., New York City.

While there is a great multiplicity of books on all subjects yet here is one different from any book published. The author found in her work as an instructor in dietetics the need of a practical manual on the subject. In introducing the work the author well says: "The preparation of food is a science as well as an art, the chemistry of which is as precise as the chemistry of the laboratory. When we are willing to be as exact and careful in this work as we are in chemical experiments, our success will become a certainty. No other technical art can, with so little practical knowledge, go as far in simplifying that which is otherwise complicated and laborious, or do more toward accomplishing that which is a chief result of all science—adding to the comfort and happiness of the human race."

The book opens with a presentation of the object of food, food values and classifications, nourishment in acute disease, and general rules for feeding the sick. Foods are then considered under the heads of liquid, semi-liquid and solid and a great variety of recipes given for their preparation. The next section of the book is devoted to diet in disease and the proper diet given for each disease, also what to avoid; menus are given for proper feeding in each disease. A valuable section is given on diet in infancy with minute instructions for preparing the foods.

While this book is intended as a manual for nurses,it is one which every physician can find use for in his daily practice. The volume will be a necessity to every nurse and a great convenience to every physician. The author has had the assistance of some leading members of the medical profession in preparing the book.

PRACTICAL ELECTRO-THERAPEUTICS.—By Franklin B. Gottschalk, M. D., Professor of Diseases of Children, Jenner Medical College, Attending Physician German-American Hospital, Chicago. Pages, 331. Cloth, Illustrated. T. Eisele, 906 Evanston Ave., Chicago.

The author of this new work on electricity well summarizes the purpose of the book in the preface in which he says: "This book contains a concise presentation of the most important modes of treating patients by means of electricity, a knowledge of which the busy practitioner may acquire more permanently through good illustrations than through the most elaborate descriptions. It has been written with the idea of bringing forth facts, and facts only, for a clear comprehension of the topic under discussion. The author is a thorough believer in drugs, hygiene and diet, but believes that, by the application of the principles here laid down, results may be obtained which appear marvelous to one not familiar with their application. The combined effects of drugs, electricity, the electric light baths and vibratory stimulation seems at times almost magical in the instant relief brought to the patient."

Dr. Gottschalk first gives a clear explanation of the general principles of electricity, then he takes up the discussion of the different forms of electricity and their uses. Considerable space is devoted the newer forms of electric treatment—high frequency currents, X-ray, vibratory stimulation, light treatment. Then the indications are given for treating various diseases. The book is very concise and practical. It is profusely illustrated.

Hand-Book of the Anatomy and Diseases of the Eye and Ear. For Students and Practitioners. By D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-graduate Medical School; Formerly President of the New York Academy of Medicine, Etc., and A. Edward Davis, A. M., M. D., Professor of Diseases of the Eye in the New York Post-graduate Medical School; Fellow of the New York Academy of Medicine. 300 Pages, Square, 12 mo. Price, Extra Cloth, $1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This is a little book but an immense amount of information is condensed between its covers. On first looking over the book it strikes one as strange that it contains no illustrations as books on the eye and ear are usually freely illustrated. But the book is intended as a manual to guide the undergraduate and post-graduate in his clinical work, hence it is not necessary to sacrifice space to illustrations. The busy practitioner will find the book a good guide and he can readily turn to illustrations in his larger works if desired. The anatomy of the eye is first given and while condensed yet covers the ground satisfactorily. Then the general principles governing the treatment of eye diseases are nicely presented, after which the best treatment for the different diseases is described. The anatomy and diseases of ear are discussed in the same clear manner as the eye. The authors have been careful to present only well-established views on the treatment of ophthalmic and aural diseases.

From these authors we look for something good in every sense of the word and the book does not disappoint us in any way.

Care of the Body in Health and Disease with a Corollary on Indication of Character, Conversation, Manners, etc. By G. B. Mabe, M. D. Pages, 348. Cloth. Price, $1.60. Published by the Author, Big Stone Gap, Va.

The author first takes up the discussion of the elements of the human body and tells of the proper diet to properly sustain the body. One chapter is devoted to beverages of all kinds, good and bad. Then proper clothing, bathing and ventilation are discussed. A chapter

is devoted to the hygiene, diet and nursing of the various diseases. A section is then given on surgery, the author advocating conservative surgery. A very useful chapter is one on the care of young children. A chapter is devoted to the preparation of food and drink for the sick, giving many valuable recipes. The book is a manual of hygiene, diet and nursing written by a general practitioner of many years' experience. The author gives many practical, useful hints learned in his many years' practice. The book is finely finished and bound but contains a number of typographical errors.

BOOK NOTES

Battle and Co., St. Louis, have issued another pamphlet in their series on intestinal parasites. These pamphlets with illustrations are sent to physicians free.

We hardly recognize the old Eclectic Medical Gleaner in its new form. It is now an 80-page bi-monthly, presenting a complete review of eclectic literature, edited by Dr. H. W. Felter and published by the Lloyd Library, Cincinnati.

We have received the Fourth Annual Report of the New York State Hospital for the care of Crippled and Deformed Children. It tells about this commendable work and contains a number of interesting illustrations. A copy may be obtained of the surgeon-in-chief, Dr. N. M. Shaffer, Tarrytown, New York.

The January number of the Interstate Medical Journal is the annual "Medical Progress" number. It contains 166 pages and presents a review of the past year's progress by a staff of competent editors. It is an unusually valuable issue of a medical journal. A copy may be obtained by sending 25 cents to O. F. Ball, M. D., Linmar Building, St. Louis.

Dreer's Garden Book is a book of 224 pages on gardening with price list of garden supplies. It is beautifully illustrated and contains a number of colored plates. If you own a farm, plant any kind of garden or raise any flowers you need this manual on gardening. It is published by the old and reliable seedhouse of Henry Dreer, 714 Chestnut St., Philadelphia.

Many women purchase books devoted to female anatomy , obstetrics, etc., published for public sale. Many of these books are misleading and endeavor to teach that the book will take the place of the family doctor. Such books often result in disastrous consequences to the women readers. "The Woman's Book of Health," by Dr. W. H. Cook, teaches what to do until the doctor comes and also teaches how to help the doctor and that he is necessary. This book is a much better one to be in women's hands than many advertised books. It is published by R. Cook Hubbs, Charleroi, Pa.

Suggestion for February contains the concluding article in the series by Dr. H. A. Parkyn on "Suggestion the Basic Principle of Christian Science Healing." These articles are very interesting and should be widely read. Dr. Parkyn shows that cures made by Christian Science are really made by suggestive therapeutics unintelligently, unwittingly and unscientifically employed. Dr. Parkyn also demonstrates beyond argument that the laws of health and hygiene cannot be ignored. Other articles in this number are: "Occult Power," by R. H. Colby, Ph. D.; B. A.; "Suggestion," by Wm. Osler, M. B. A.; "Suggestion," by Wm. Osler, M. D.; "Anna Eva Fay and Her Tricks," by H. A. Parkyn, M. D. A copy of Suggesion may be obtained by addressing 4074 Drexel Boulevard, Chicago.

A leading illustrated article in the February Metropolitan Magazine is

"Making Business Fighters for Uncle Sam's New Navy," by Paul Morton, secretary of the navy. Two other interesting illustrated articles are: "London River," by Joseph Conrad, and "The Way of the Wilderness," by Arthur Heming. A great feature of the Metropolitan is its department, "The World at Large," of many biographical sketches and fine portraits. A great variety of good fiction and excellent verse are also in the number. The Metropolitan is always profusely illustrated with work of the best artists.

The Twentieth Century Home for February is full of things of special interest to ladies and matter of interest to everyone. A few of the articles are: "The Lotus-Lady," by Edmund Russell; "The Fairyland of Science—Elves that Dwell in Gems," by G. P. Serviss; "The Marchioness Oyama," by John Dwight; "Furniture of Noted Periods," by Esther Singleton; "The American Jewess," by Martha Washington Levy; "Odd Vehicles of Many Lands;" "The Homes of Thackery," by Frederic Taber Cooper. The departments are overflowing with good suggestive contributions. The magazine is beautifully illustrated, the large size of the page being especially effective for this. The only way to appreciate this family magazine is to read it. For $2.20 we send the Twentieth Century Home one year, Wisconsin Medical Recorder one year, with 1,000 premium labels and either the Cosmopolitan or Leslie's Monthly for one year.

The Cosmopolitan is one of the magazines which is really worth reading every month. The January number opens with a strong editorial, "The Simple Life," by John Brisben Walker. "The American Wife in Europe," is an article, with portraits, about American girls who have married Europeans of note. "The Early Days of Christian Missions in Japan," by Adachi Kerinosuke is of timely interest, illustrated with reproductions of old prints from the records of the Society of Jesus. Two especially valuable articles, freely illustrated are: "Barbaric Pearl and Gold," descriptive of India, and "The Development of Nome," by Alfred H. Dunham. This month's article in the series on great industries is "Boots and Shoes," telling all about their manufacture. The spicey editorial department, "Men, Women and Events," is always good. This number contains other good articles, a variety of fiction and many illustrations. For $2.20 we send the Cosmopolitan, Leslie's Monthly Magazine, Wisconsin Medical Recorder one year and 1,000 labels.

The personal narrative of the taking of Port Arthur, told by the men who took it, is the feature of the February Leslie's Monthly Magazine. Two of the narratives, by an officer of engineers and by a sapper, give a most vivid and picturesque idea of the actual fighting, both above and below ground, around that tremendous fortress. Some beautiful photographs of Japanese girls in this number show a more peaceful side of the national life. The story of Bering, the man after whom Bering's Straits were named, begins Miss Laut's articles on the explorers of the Pacific. The second installment of Anna Katharine Green's novel, "The Woman in the Alcove," is even more thrilling than the first one, and the last chapters of Ralph Connor's novel, "The Prospector," are as good as any that have gone before. There are besides eight short stories in this magazine, including an excellent automobile story, an amusing musical story, a circus story, a Russian police story with an entirely new motive, and a number of others. For $2.20 we send Leslie's Monthly, The Cosmopolitan, Wisconsin Medical Recorder one year and 1,000 premium labels.

There is plenty of fiction in McClures' both moving and exciting, but the most startling narrative of all is

Lincoln Steffens' damning account of Rhode Island politics. How votes, legislation, the honor of the state, are pawned by those who should guard its interests, and how every American is keenly concerned in the story, through the prominence of Senator Aldrich of Rhode Island in national politics. Mr. Steffens tells with astonishing directness. Another right-arm jolt is that administered to the friends and the institution of "Lynching in the North," by Ray Stannard Baker. Not only a thinker but also an actor in another national tragedy is Judge Peter S. Grosscup, of the U. S. Circuit Court of Appeals, Chicago. His injunction against the beef trust, and his other decisions regarding corporations, have marked him as a wise judge and, in addition, an able and lofty-minded statesman. Here he surveys and explains the menacing loss of individual enterprise in America, and makes suggestions for laws that will give the workingman a chance to obtain more profits from his labor. The artistic reputation of the magazine is well sustained by the La Farge article on "Allegories" of paintings, with pictures, reproduced in tint, chosen from the One Hundred Masterpieces in his series.

In February Everybody's, Charles E. Russell, commisioned by the magazine to investigate the subject, begins a series of articles on "The Greatest Trust in the world." In the first instalment he reveals a monster monopoly, greater than the "Standard Oil," holding in its grasp all the meat, fruit, and dairy products of the United States. Mr. Lawson's contribution to "Frenzied Finance" begins with an explanation of his recent move against the "System" in Wall street. Before getting under way on the story of "Amalgamated," Mr. Lawson gives an exposition of the financial structure of this country, explains the methods, the terms, and the institutions of finance. He brings out an original and significant view-point on trusts; and explains by sharp concrete examples the malfeasance possible by the use of them. In addition to these two articles of unusual interest and importance, George Barry Mallon tells of "The Hunt for Bohemia" in New York; G. W. Ogden gives a dramatic account of "The Last Days of Steamboating on the Mississippi." There is a thoughtful and convincing study of married life in "The Autobiography of a Married Man."

A highly diverting American mystery story is "A Transaction in Rubies," the leading novelette in the February number of Lippincott's Magazine. Frederic Reddale, the author, seems to have responded to a demand for strong, thrilling detective stories such as this loss of jewels at a house party on Long Island, which cast suspicion upon all the guests and made them afraid to leave until the matter should be cleared up. The discovery of the thief by means of his thumb is ingeniously dealt with. A story of city politics, which is particularly bright and keen, is written by Arthur Hendrick Vandenberg, entitled "The Shrewdness of Hawkins." Prof. Albert Schinz, of Bryn Mawr College, writes a woman's paper under the title "Miss or Mistress?" This is a discussion of the question whether a woman who is old enough to be married (and is not) shall be called "Mrs." Eben Rexford's article on "The Use of Growing Plants for Table Decoration" contains much valuable information on that subject. The noted New Jersey naturalist, Dr. Charles C. Abbott, contributes a quite delightful little sketch on "An Alpine Morning." The many humorous pages called "Walnuts and Wine" are funnier than ever. Many good short stories are also in this number. The price of Lippincott's is 25 cents per number or $2.50 per year. For $2.65 we send Lippincott's Magazine and Wisconsin Medical Recorder one year and 1,000 premium labels.

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

JANESVILLE, WIS.

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Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 FEBRUARY, 1905 No. 2

LITTLE STORIES OF REAL LIFE

I.

It was only a common, little, English sparrow, considered a nuisance by most people. It came every day and perched on a twig near a window in the hospital and peered in with a cheery chirp. Within the hospital a man lay very close to the shadow of the valley of death. Every day he eagerly awaited the advent of the little feathered visitor, whose little notes of vigor and cheer helped him bear his burden. Had he no visits from dear friends? Yes, but their faces told of their forebodings and anxiety. The little sparrow always told of vivacity and activity and cheered and strengthened him in his ordeal, as nothing else did. It was only a little sparrow but it brought him very close to his Maker.

THOS. H. MANLEY, M. D.

It is with profound regret that we record the death of one of the regular contributors of the Recorder—Dr. Thos. H. Manley. Dr. Manley died at his home, in New York city, January 12 of pneumonia, after a very short illness. He was born in Massachusetts in

THOS. H. MANLEY, M. D.

1850 and graduated from the New York University Medical School in 1875. His entire professional career was in New York city, where he was for years a leading surgeon. He was visiting surgeon to the Metropolitan and Harlem Hospitals and professor of surgery in the New York School of Clinical Medicine. He was an original thinker, a good debater and a prolific writer and contributed much to the present advanced state of surgery. He was never

afraid to express his convictions even though they differed from commonly accepted views.

Some of his most important literary work appeared in the columns of the Recorder. During the past few years he did much original work on the anatomy, physiology and surgery of the mammary gland. Two notable articles as a result of these researches were published in the Recorder—"Tubercular Abscess of the Mammary Gland in Women," June, 1903, and "The Female Breast: Brief Notes on Its Morphology with Special Reference to the Lymph Structures," Dec., 1904.

PRIMARY EPITHELIOMA OF TONSIL

At the January meeding of the Clinical Society of the New York Polyclinic Medical School and Hospital Dr. Robertson presented a specimen, which he had removed from the patient a month previously. The history was that nine months ago a slight swelling appeared at the right side of the jaw, which gradually increased in size, but there was no sore throat. Examination revealed a much ulcerated tonsil. Epithelima was suspected, and four days later the speaker removed part of the tonsil and eight or ten glands, and had them examined, and the diagnosis of primary epithelioma of the tonsil was made. The enlargement of his throat at the present time has developed during the last four weeks. X-rays are being used, and boric acid and aristol are being blown in as a powder on the tonsil growth.

Dr. Bodine said that in all cases of suspected malignancy of the tonsil, physiological doses of iodide should be given, and the dose should be increased until one of two things happen: either the disappearance of the lesion or symptoms of constitutional iodism, and he had, in his own practice, administered as much as 900 grains of iodides in one day, with resulting disappearance of the lesion. As to the removal of a piece of the tonsil for miscroscopical examination, the wisdom of such procedure is open to question, unless the patient is fully prepared for immediate operation upon the report of malignancy. The clinical diagnosis of malignancy in the case shown is sufficient, without the microscope, and in the event of a different report by the pathologist, he would place clinical diagnosis above that of the microscope, and operate anyhow.

Dr. Milton Franklin said that the microscopical picture presented by this condition could not always be accepted as final. He recalled a patient who had received a physiological dose of iodides without effect, and examination of a section of the tonsil under the miscroscope presented all the structural characteristics of epithelioma; two weeks later a second section was removed, which showed no evidence of epitheliomatous infection; a third section, two weeks later, presented the typical picture of epithelioma, as did the clinical aspect of the case, which resembles multiple epithelioma of the side of the face, tonsil and lip. Potassium iodide was administered, and when the iodide was removed, the lesion disappeared entirely. X-ray treatment he thought helped those cases more or less, as the lesions grew smaller, and even often disappeared, but ultimately the condition again developed, and the outcome was rarely satisfactory.

The January number of Annals of Ophthalmology is a splendid issue of this excellent journal, containing 222 pages of the latest and best literature on the subject. The Annals is now edited by Dr. James Moores Ball, of St. Louis, and has been greatly improved.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

THE TREATMENT OF SPRAINS

By Harry Tyldesley, M. D., Central City, Kentucky.

Member of Kentucky State Medical Society, Muhlenberg Co. Medical Society, American Medical Association, Assistant Surgeon I. C. R. R., Etc.

The frequency with which sprains are encountered in the practice of physicians and surgeons is so great, and they are attended with such great pain, that it is highly important, that the profession have in mind the best course of treatment to be pursued. A sprain is an injury to a joint which is sustained by carrying the movement beyond the natural limits—but coming short of a dislocation.

The ligaments, capsule and tissues adjoining the joint are in each case stretched, and often they are lacerated considerably. Often there is hemorrhage in the joint and in the tissue adjacent. Again serious synovitis often results from sprains.

These facts are sufficient to bring to the mind of any one the seriousness of sprains, and suggest the speedy institution of such treatment as will favor speedy resolution.

When a patient is first seen after having sustained a sprain it is best to submerge the affected joint in hot water. This will be found to give speedy relief. The joint should only be kept in the hot water about thirty minutes. This relieves the acute pain of the newly sustained injury. Cold water does not answer the purpose as well, and is attended with so much discomfort often. After this, the joint should be elevated and bandaged. But before the bandage is put on the entire surface should be bathed in Pond's Extract—and while the process of bathing is in progress the joint should be massaged well. The bandage should be removed every day and massaged, and Pond's Extract freely applied. Often this is not practical and when not, the surface should be wet with Pond's Extract. The action of this remedy is more efficacious in subduing the inflammatory action in the joint than any liniment, or any other application I have ever employed. It exerts a soothing and antiphlogistic action and by its liberal employment I have been able to attain more satisfactory results than by any other means. I have never had any unpleasant results when I employed this means of treating sprains.

Chronic sufferers from sprains—those who received no systematic treatment at the time of injury, and who have, after over-exertion, or tension of the affected joint, acute attacks of painful swelling and immobility, can be relieved satisfactorily by the liberal application of Pond's Extract. Several patients so affected keep the remedy on hand that they may be armed against these painful and incapacitating recurrences.

Below I give some clinical histories which will give the reader an idea of the value of the treatment.

Mr. J. B., age 29. This man, a traveling purchasing agent, fell and sprained his ankle joint. I was sent for and found him suffering acute pain. I had his foot immersed in hot water and after he had ceased to suffer I applied Pond's Extract freely over the joint and then put a bandage over

the limb. I put on a new bandage next morning and again used Pond's Extract freely. The patient was so much better, that next morning he sent me word that he did not think another visit was necessary. I directed him however to continue the applications of Pond's Extract twice or three times daily until his joint no longer was painful. I heard no more from this patient but had the happiness of seeing him walking without discomfort a few days later.

A. A., age 31. This lady, in a hurry to get out of the house, made a false step and bent her ankle, and sprained it so severely that she almost went into convulsions from the severe pain. I lived near the residence of this lady and was soon at her bedside. I put her foot in hot water—and this giving her not the immediate relief—I also gave her an hypodermic injection of morphine. When she was easy I applied the Pond's Extract freely and put on a bandage. I directed that this be reapplied every night and morning and that the Pond's Extract be thoroughly rubbed in. This lady made a speedy recovery and has had now, in a year no recurrence of pain.

This point is mentioned because very often these patients suffer from the effects of a sprain for a long time.

M. S. S., age 21. This lady sprained her wrist and when she came to my office, an hour after the sustenance of the injury, she was almost hysterical. Having no hot water at hand I bathed and massaged the joint—using the Pond's Extract very freely. This gave her relief in a short time and I put on a bandage and she went home. She was told to continue to apply the remedy and to report to the office in a couple of days. I did not see her for several weeks when she told me that she was improving so steadily that she thought it not worth the while to come again to the office.

HOW BREAKAGE OF BOTTLES CAN BE REDUCED TO A MINIMUM

The general obstacle that lies in the way of producing a sound container for liquids occluding gases under high pressure, as, for instance, solutions of hydrogen peroxide, is the fact that no process for making unbreakable glass has yet been discovered.

Up to the present, the ordinary amber glass bottles have been found totally inadequate and untrustworthy, though a device patented by Mr. Charles Marchand, goes far towards overcoming this delinquency.

This device practically reduces the danger of bursting of the bottles to a minimum. As long as the bottles, having this device, are kept in stock standing up, the pressure resulting from shaking, high temperature in course of transit, etc., will not rise much above four or five pounds to the square inch; and therefore, though occasionally a bottle may crack or burst, it is not due to pressure, but to the inherent imperfection of the glass, arising either from the lack of homogeneity, or else imperfect annealing, or both, to which we have already referred.

The worst feature of this unreliability in the bottle is, that there is no accurate way of detecting it. A bottle may be submitted to a pressure of a hundred pounds to the square inch without betraying signs of weakness, yet even with nothing in it, it may burst or crack within an hour.

The only remedy in these conditions as to the bottles, and that is not absolute, is in changing the material from which the containers are made, and substituting, for the unreliable amber glass, a good article of flint glass. While, as we have intimated, this does not absolutely remove the danger of loss by explosion or cracking, it greatly reduces it, and when the flint glass con-

tainer is closed by Marchand's safety valve stopper, danger is reduced to a minimum, beyond which, in the present condition of the technics of bottle-making, it is impossible to go.

This is exactly what Mr. Charles Marchand, the manufacturer of hydrozone, glycozone, peroxide of hydrogen, etc., intends to do. Just as soon as his present stock of amber glass containers is exhausted, he will use exclusively flint glass, every bottle being corked with an automatic safety valve stopper. By adopting these expedients, Mr. Marchand, having done all in his power to prevnt breakage, can go only one step further—to make good any losses from that direction—replace the bottles that get broken from this cause. Beyond this, it would be unreasonable to expect him to assume further responsibility. The actual danger to life or limb from the bursting of a bottle of hydrogen peroxide, or any of Mr. Marchand's preparations, is trivial, as compared with those arising from the explosion of bottles of beer, ginger ale, champagnes, and other sparkling wines, or even Apollinaris or other heavily aerated waters.

When any of these rupture, the fragments are driven, not only with all the force and energy of the already liberated gases, but with the augmented enegry of the residual gas suddenly set free, and so may inflict severe, sometimes irreparable damage. The safety-valve arrangement in the stopper of bottles of hydrozone, prevents the sudden disengagement of a great volume of gas.

Assuming that through some imperfection of the stopper, the puncture should close as soon as the pressure from within rose to a point far within that required for the rupture of the bottle, the stopper not being wired, but merely tied down, will be forced out.

But glass is a proverbially and treacherous substance, and it is liable to break in the hands of anybody, at any momen, and without any discoverable or apparent cause, and that whether filled or not. As a consequence there must always be some risk attached to the handling of glass containers. The best that can be done, as we have suggested elsewhere, is to reduce the risk of rupture or fracture to a minimum, and this Mr. Marchand has done, not only by his safety stopper device, but also by the promised substitution of the stronger flint glass. The retail trade will, we are sure, welcome this latter change most heartily, since it completes and supplements the efforts made in the mechanical direction and thus removes, as far as lies in human efforts, all danger arising from handling Marchand's goods.—Abstract from the National Druggist of St. Louis, Mo., October, 1904.

A CASE OF PNEUMONIA FOLLOWING SEVERE TYPHOID RECOVERY

J. B. W.—White, male, age 30 years, was recovering from a severe case of typhoid. On the 36th day his temperature was normal. On the 39th day it again began to rise and in a few days had reached 104.5, the pulse 140. A severe cough and consolidation of the right lung told the story of a complicating pneumonia. After the long and severe drain upon his resources incident to the typhoid his condition presented a very alarming, not say, desperate situation.

Counsel was called and it was decided that his only hope lay in the generous use of antiphlogistine. A "large" package was secured and heated by placing the sealed can in hot water. The temperature of the room was brought up to about 80°. A cotton lined cheese-cloth jacket, open upon the shoulders and in front was prepared and warmed. Uncovering the patient's thorax, antiphlogistine as hot as could

be borne was pread upon the skin about 1-8 inch thick over as much of the thoracic walls as could be reached (back, front, side and over the shoulder). This was covered with the jacket. Turning the patient over, the other side was dressed in the same way. The jacket was then drawn together over the shoulders and down the front with stout thread. It is proper to say the entire contents of the 34 1-2 oz. package (large) was used for the one dressing.

The effect was surprisingly prompt. In a few hours, the temperature had declined to a point of safety and the pulse to 120. A similar dressing was applied fresh every 24 hours. The improvement was steady and marked and in six days the patient was again convalescent, thanks to antiphlogistine.

The brilliant outcome in this case taught me the importance of careful attention to detail in the use of antiphlogistine. Like everything else worth while it must be properly used if the best results are to be obtained.

LA GRIPPE AND ITS SEQUELAE AGAIN PREVALENT

The following suggestions for the treatment of la grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all, the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give an antikamnia tablet, with a little whiskey or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single dose is followed with almost complete relief. If, after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are antikamnia and quinine tablets. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "The Southern Clinic," has found much benefit to result from antikamnia and salol tablets in the stages of pyrexia and muscular painfulness, and antikamnia and codeine tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of influenza, and as a winter remedy in the troublesome conditions of the respiratory tract, there is no better relief than one or two antikamnia and codeine tablets slowly dissolved upon the tongue, swallowing the saliva.

Dr. W. H. Barnett, of Huffins, Texas, in the Alkaloidal Clinic for November, 1904, says:

To Brother W. W. Shafer: I am satisfied that ecthol, a combination of echinacea and thuja, will prevent the sting of bees from hurting him. Let him take dram doses every hour for three hours before he commences to work with them. The reason for the faith that is in me is this: They used to hurt me. Last summer I was taking it for a skin disease and while under its influence I was stung by a wasp on the face and neck. When stung I started to the house to get something to stop the pain and swelling that I expected to suffer with, but instead of pain and swelling as heretofore when stung, there was no more of either than a mosquito or a gnat would have caused.

PRESCRIPTIONS

ORIGINAL and CULLED

SUNBURN

℞

Olei olivae.
Listerine. . . . . .aa ℥iv.
Ung. aquae rosae. . . . . .℥v.
Lanolin . . . . . .℥iv.

M. et. S. Apply several times daily.

EPILEPSY

℞

Sodii bromidi. . . . . .℥x.
Fld. ext. solani Carolinense.℥ij.
Aq. camphoræ, q. s. ad. . . .℥iv.

M. et Sig. One. teaspoonful t. i. d. in water.—D. R. Brower, M. D.

ARTERIOSCLEROSIS

℞

Sodium nitrate. . . . . .gr, xxx.
Potassium nitrate. . . . . .℥ij ss.
Sodium bicarb. . . . . .℥v.
Water . . . . . .℥x.

M. et. S. Teaspoonful 3 times a day.—Huchard.

ALOPECIA AREATA

℞

Hydrarg. chlorid corros. . gr. ij.
Tr. cantharidis. . . . . ℥iv.
Aquæ, q. s. ad. . . . . .℥viij.

M. et. Sig.—Apply freely to affected area each night, after shampooing and drying.—Med. Record.

ERYSIPELAS

℞

Alphozone. . . . . .gr. viij.
Aquae dest. . . . . .Oj.

M. et. S. Apply freely.

CHRONIC BRONCHITIS

℞

Triacol. . . . . .℥viij.

Sig. One teaspoonful every 2 or 3 hours.

RHEUMATIC DYSMENORRHOEA

℞

Am. hydrochlor. . . . . .℥ii ss.
Tr. stramonii. . . . . .℥ss.
Tr. cimicifugae . . . . . .i℥.
Syr. glycyrrhizae. . . . . ℥ii.
Tongaline, q. s. ad. . . . . .℥vi.

M. et. Sig. Teaspoonful three times a day.

ASTHMA

℞

Sol. iodine—Burnham's. . .℥ss.
Tr. lobelia. . . . . ℥i.
Conc. tr. passiflora, Daniels
q. s. ad. . . . . .℥iv.

M. et. S. One teaspoonful every 2 hours until relieved, then 4 times daily.

URIC ACID DIATHESIS

℞

Iodid potassæ.
Salicin. . . . . aa ℥ij.
Fl. ext. manace. . . . . .℥ij.
Tinct. cimicifuge . . . . . .℥i.
Lambert's lithiated hydrangea, q. s. ft. . . . . .℥iv.

M. et. S. Teaspoonful every 3 or 4 hours, according to urgency of the case, in milk mucilage or sweetened water.—Geo. Covert, M. D.

RHEUMATIC DYSMENORRHOEA

℞

Tr. cimicifugae . . . . . ℥ii.
Tr. stramonii. . . . . .℥ss.
Tongaline, q. s. ad. . . . . .℥iv.

M. et. Sig. A teaspoonful in water at mealtime.

COUGH OF LA GRIPPE

℞

Maltzyme. . . . . .℥iv.
Brandy.
Glycerine.
Succus limonis. . . . . .aa ℥i.
Aromatic spirits of ammonia,℥iv.

M. et. S. One teaspoonful every 2 or 3 hours.—C. E. Boynton, M. D.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. VIII MARCH, 1905 No. 3

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 66 Feb. Recorder)

Prof. Lodge conceived the idea that if a bubble of gas would insulate a conductor while surrounding it, that it should do so while passing through an opening. We know that the gas passes from one electrode to another through the solution.

He constructed an interrupter (see cut), by using a lead jar with a suitable cover, placing through the cover a porcelain jar containing a lead electrode, and a perforation in its side submerged under fluid, the jar being two-thirds full, sulphuric acid, one part and six parts water. It was his idea that the bubble of gas, while passing through this opening would cause an interruption of the current and such proved to be the case, making an absolutely automatic interrupter, with no consumption of metals, and theoretically perfect, as the different periods of interruptions were made by using bushings of hard rubber, allowing more or less gas to pass. Unfortunately it was found from a practical standpoint that the gas showed a disposition to stick in the opening, requiring vigorous shaking to dislodge it.

This interrupter was taken up by the Heintz people who overcame the difficulty by combining the slate and copper wheel with this interrupter; in other words, interrupting the current before it went into the interrupter proper. This has worked out as a great success as the impulsive wave given the current by the slate wheel propels the gas through the opening, and prevents any inverse current from going through the tube. It has since been found not necessary to use the slate wheel, as the trouble is avoided by drilling the hole through the porcelain on an angle and not directly through. This fact was accidently discovered.

My friend, Dr. Lester Custer, of Dayton, Ohio, has solved the problem of the Lodge type of interrupters by using a quarter of a barrel, which is lined with lead, for one electrode, and filling that with bottles which he constructed of porcelain, walls of different thickness through which he drilled holes upon an angle and of different

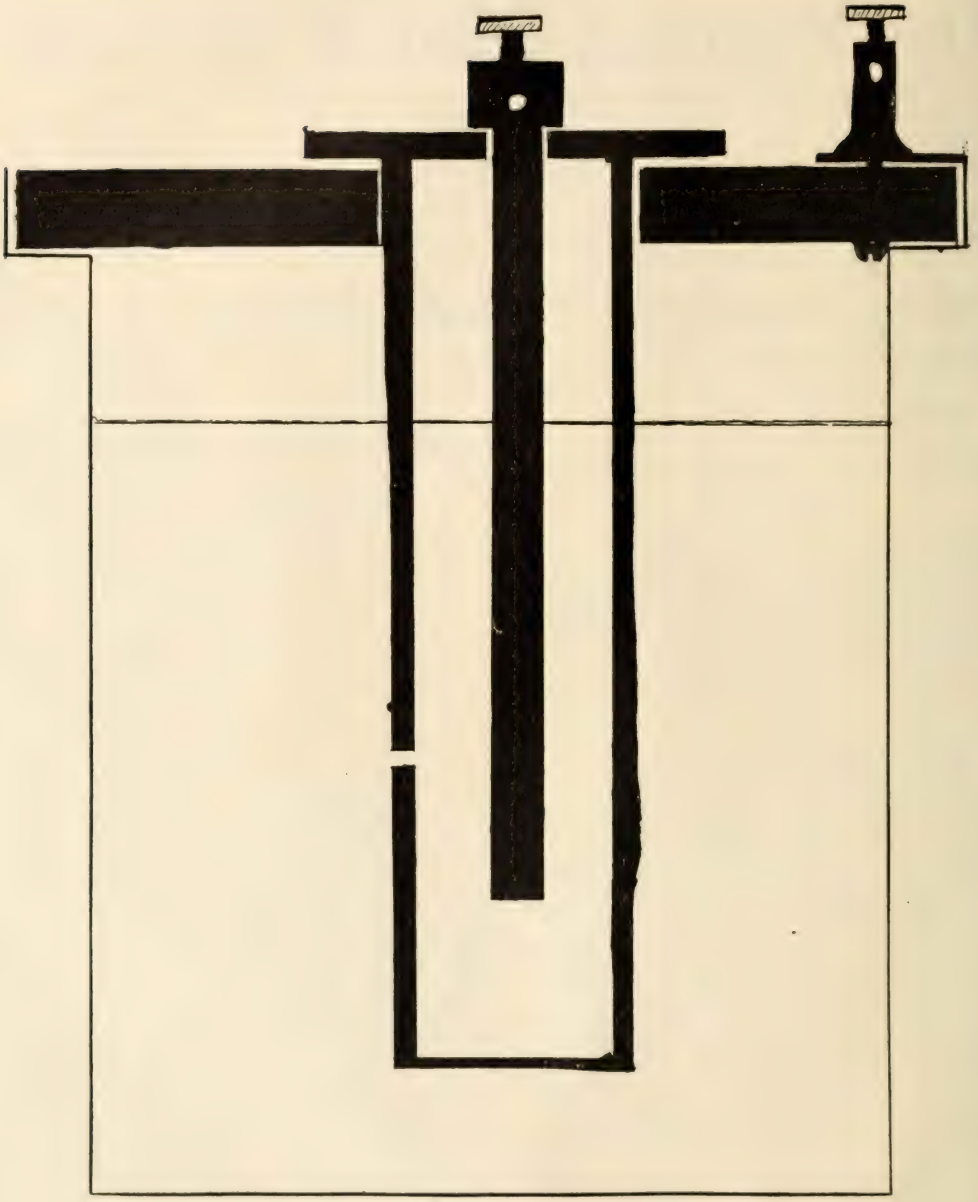

FIGURE I

Prof. Lodge's Type Electrolytic Interrupter.

sizes, and leading a wire from the electrode in the bottle and up to the switchboard, he was able to choose any bottle as he desired, each bottle giving a different interruption usually he started with a quick, fine interruption, and by swinging the switch lever over until it was allowed to remain upon the bottle which gave the right period of interruption for the work in hand. A construction of this kind is ideal, and may be located at any distance from the operator. The great amount of fluid in the tub, the absence of an unsightly object in the office, as it may be located in the basement, no consumption of metals, as lead only is used, and no attention necessary except to make up the amount of evaporation from time to time as may be necessary.

The electrolytic interrupter has an advantage over any other kind, because no troublesome condenser is necessary with the coil; further, they may be readily adapted for any kind of a current, both direct and alternating of any period and voltage, without any radical change in construction, while the initial cost is vastly in their favor; they may be constructed to handle just as heavy currents as may be desired, and have in practice worked from 1-2 to 60 amperes of current.

Soon after the invention of these interrupters and skiagraphy had become a fine art, operators found a peculiar phenomenon would develop in certain cases; when they attempted to make a skiagraph of the body, loss of sharpness of the bones were very often noticed in patients that weighed over a hundred and seventy-five pounds: the outlines of the bones would look fuzzy and woolly and the plate have the appearance of a chemical fog. Considerable experimenting was carried on by different operators, and they never could locate the source of the trouble, until eventually it was found that the interrupter was at fault. It was found that when the ray was sent through the body with great velocity that the tissues became radio-active and gave rise to rays, having similar properties to the X-rays in the chemical effects, and further, that these rays were thrown off, not in the same plane, but at an angle to the rays from the target, and further experiment showed that if the

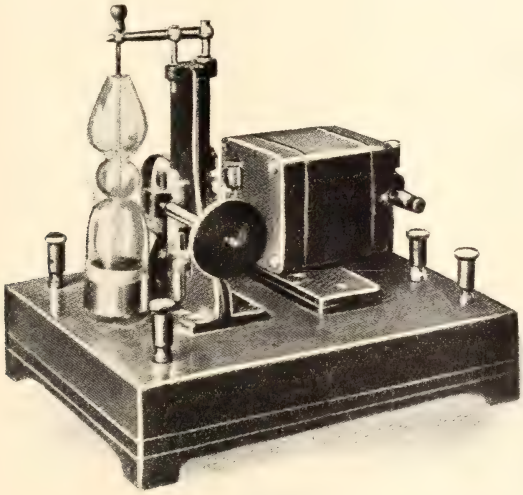

FIGURE II

Mercury Dip Interrupter. W. S. Scheidel's Pattern

period of interruption was kept below 800 a minute this phenomenon was not noticed and this necessitated further research for an interrupter with which we could control the period at will. We accomplish this task by modifying the old Faucault interrupter to modern conditions; this is merely a peculiarly shaped bottle upon a movable platform so that it can be raised or lowered at will, the bottom of which is perforated filled with mercury, which is covered with kerosene at one hundred and fifty fire test, and a steel or German silver wire rod mounted upon an arm that travels in a slide and is given an up and with a platinum wire, is partially down motion by the means of an eccentric driven by a motor; by controlling the speed of the motor we can control the number of interruptions from sixty to four thousand a minute, while by raising the bottle we can control the amount of the dip of the rod in the mercury so that we can modify the work of the instrument within wide limits. (See cut as made by W. S. Scheidel & Co.)

It was noticed that a sudden flash of X-ray has greater penetration and chemical power than the heavy fluorescence that is given off from rapid interruptions. There is the interval of time given the current, time to completely magnetize the iron of the coil; the result is a powerful magnetic shower that sends the current of the secondary through the tube in greater volume and with terrific force, strongly polarizing the electrode, driving the corpuscles with terrific velocity against the target with the result that we get a flash of X-ray of greater chemical value and of greater penetration. The period between the contact gives time for the target to radiate off the heat from the disc before the next flash comes, so that the tube is able to stand sufficient energy to give the plate a normal exposure, instead of compelling the operator to under expose and try to equalize things by special development. This is of the utmost importance, because it is now a very difficult thing to get a tube that will do the principal skiagraphic work. Nearly all the tubes that operators have at the present time, the glass walls are altogether too thick for the different chemical rays to escape from the tube, but they have been able to pick out a tube occasionally by running over a great number, so that they are able to do very heavy skiagraphic work, that is beyond the reach of ordinary operators who have no facilities for picking over a great number of tubes for this purpose.

Nearly all the tubes that we have at the present time are altogether too small for any of the coils that have been put upon the market, by any maker so far, and it is perfectly possible with our apparatus to bore a hole through half an inch of platinum in two or three seconds if the entire energy of the coil is turned on suddenly; several accidents of that kind have happened in the last six months, so you can see the difficulty that all operators are having at the present time of getting an efficient tube for skiagraphic work.

It is to be hoped that some physicist will discover an element to use in a tube for a target that is non-metallic, in the near future, that is unmeltable and which does not give off gas.

A discovery of this kind would be of the utmost importance to X-ray workers, because platinum is such a disturbing element to the tube. The ionic platinum is thrown out in the shower absorbing the free corpuscles in the tube, and, therefore the vacuum is always disturbed, rather tending to get higher all the time. The ordinary regulator which is put in for raising the tube always has a platinum—iridium spiral, and they make more trouble

than they are worth, as nearly all operators desire to reduce and not increase their vacuum under present conditions.

It can be readily seen from the foregoing that it is not possible for other laboratories to do ordinary commercial work, without having several kinds of tubes to fall back upon in an emergency and no one knows until he has run a laboratory for a few years, the unreasonable things that medical men will expect from an X-ray operator. It is no uncommon thing for a man weighing from 250 to 300 pounds to ask for a skiagraph of the kidneys or liver for gall-stone or calculi, and under our present system of development we generally succeed in getting a good plate, although no laboratory is looking for just that kind of cases.

For the alternating current there are a number of instruments upon the market that are called "rectifiers," they principally depend upon the fact that aluminum has a valve action upon the current in other words, it will allow a current to flow away from it when immersed in a suitable solution, but will not allow one to go back owing to the insulating properties of the gas that accumulates around the aluminum. An aluminum electrode is submerged into a fused solution of phosphate of soda and one wave of the alternating current is blocked, allowing the other wave to flow.

A very ingenious and complicated apparatus is the Churchill alternating rectifier and attempts have been made to apply it to X-ray work, but with indifferent success as the apparatus is not sufficiently flexible to respond to the demands upon an X-ray coil at the present day. The same can be said about the large rotary transformers, that some physicians have been persuaded into buying, while they are effective within reasonable limits they are unnecessary and very wasteful of energy. Physicians should be very careful about absorbing all the information vouchsafed them by agents who have something to sell, because it is of great interest to the agent to make the bill as large as possible to increase his own percentage, and, as physicians are notoriously bad business men they are persuaded into buying too much archaic apparatus which only takes valuable space and serves no useful purpose.

One of the great difficulties X-ray

FIGURE III

Roentgen Milliamperemeter. James G. Biddle Co.

workers have had to contend with is the absence of any exact method of measuring the secondary current so as to compare it with the work of other operators; we have had the "hot wire" milliampere meter of French construction, and until the last year the work of the tube was measured by means of the flouroscope, but during the past year Mr. Snooks, the electrical engineer of the James G. Biddle Co.,

succeeded in constructing an integrating milliamperemeter for X-ray workers: this instrument depends upon the induction principal for its operation, and while in operation it measures the amount of current that the tube is absorbing, and has a further advantage of indicating instantly any inverse current and has succeeded in detecting defects in the coils, that have defied the most delicate measures heretofore to locate the reason why they would not do good X-ray work. Many coils will give an inverse current or a reverse discharge and not be recognized, as the tube suddenly seems to lose its vacuum, but we were not able to find any reason for the phenomena, the tube being blamed for it. Since the use of milliamperemeters it has been found that the trouble is either due to the use of wire for the magnets that has not been thoroughly annealed or the periods of interruption are far too rapid for the quantity of iron and the quality of iron used. It is now possible to standardize for the first time the amount of X-ray to give for both skiagraphic and radiotherapeutic work, so that a beginner may have a blazed trail to follow and not be compelled to follow blindly some operator's technic, being able only to half comprehend his work and not follow his mental process which is the essential secret of success.

We can now measure the quantity of X-ray we are giving in a given case and can regulate the degree of penetration as well, by increasing the resistance of the circuit. It will make no difference whether the operator has a coil or a static machine, just as long as he knows the exact amount of current going through his tubes, and the distance between the target and the surface of the body he will be able to know just how much X-ray the patient can stand, eliminating the element of guess

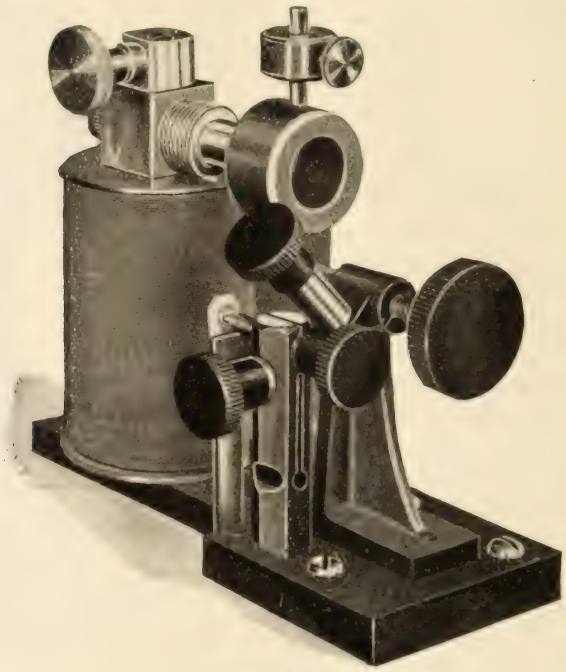

FIGURE IV

Mechanical Self-Starting Vibrating Interrupter. James G. Biddle Co.

work so much used in the past. Since this meter has been brought out, old operators have been able to demonstrate to physicists the phenomena. They have known themselves, that the quantity of X-ray given out from a soft tube is four times as rich in chemical value as the high tube.

The meter will indicate instantly if the vacuum of the tube has changed while in use causing burns to tke place before the operator realizes that anything is wrong, this is especially apt to occur where a operator depends upon one or two tubes to do all his work.

The operator when he uses the milliamperemeter for the first time will be surprised at the small amount of current used for X-ray work, and it is found in practice that the current raises from one to twelve milliamperes, depending upon the vacuum, the hard tube taking less and the soft tube more.

It is a rare thing for an operator to use more than one milliampere for radiotherapeutic purposes, while he may use from four to eight in skiagraphic work.

Through the courtesy of Mr. James G. Biddle, of Philadelphia, I shall be able to present to the readers of the Recorder the electrotype of the best mechanical interrupter which depends upon magnetic energy to operate.

This mechanical interrupter is self-starting, it is sufficiently automatic in its action that it is safe to go away and leave it temporarily, a great consideration for operators who have considerable work to do, as it is a fact that any operator who makes a practice of staying in the room where an X-ray apparatus is in operation is sure to be badly burned in a short time. The only protection for operators is in turning the field in the other direction and keeping away from it. No operator should use the flouroscope except, at possibly long intervals, as the series of terrible accidents which are happening to operators all over the country shows that there is a lamentable lack of common sense, as ex-operators condemn the X-ray in unmistakable terms, but the trouble is due only to their own carelessness and it is common knowledge that too much X-radiation is destructive to organic tissue and, while it is true that the dosage can be controlled, within a reasonable limit while treating a patient, no one can estimate the amount of ray a careless operator may absorb in the course of a busy day.

(To be Continued.)

EPISTAXIS

By L. R. Henry, M. D., Union City, Kentucky.

On January 2, 1905, I was called to see W. D., aged 5, who gave the following history: Several hours before, while playing, he fell from a pile of lumber, but seemed to receive no injury. He retired as well as usual, but woke up about mdinight saying his bowels wanted to move. The movement was very dark and had the appearance of blood that had been acted upon by the digestive fluids. While sitting on the chamber he vomited about a pint of bright blood. His nose also began bleeding at this time, and continued to bleed until I saw him, except at short intervals after which he would vomit pure blood. His bowels acted a number of times of the same character as above. When I arrived I found him almost exsanguinated, being very anemic and cold.

Treatment: After cleansing the nasal cavity I applied locally an adrenalin solution, and gave internally fl. ext. ergot in five minim doses, also compressed facial artery, where it crosses the inferior maxillary. The hemorrhage had entirely stopped in half an hour. I have treated other cases of epistaxis in the same manner with above results.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 60 Feb. Recorder.)

CIRCUMCISION.

There has been much discussion as to whether the foreskin should be removed or retained under varying circumstances. It is not within the premise of these articles to discuss at length such subjects, but rather to deal briefly with practical points which enable the practitioner to perform the various operations considered.

In my own practice I recommend the removal of the part in all adults where it covers the glans. There are many advantages to be gained by the removal of the prepuce and practically no objections which are worthy of consideration. Many young men, and older men too, do not keep the parts clean beneath a foreskin. If the foreskin becomes irritated or inflamed the orifice may become so contracted that the glans cannot be exposed and in such a condition cleanliness is impossible. The foreskin will often become so infiltrated after the development of a gonorrhea or sores beneath it, and then we have a most disgusting condition. There is no more unpleasant nor troublesome condition than this. The boy or young man with a long foreskin is much more likely to masturbate and the removal of the part exposing the glans will go far toward checking such a habit. While this habit does not have the decided effects upon the sexual or physical condition that a great majority of practitioners have been led to believe, it is well to check it if the exceedingly simple operation of circumcision will aid materially. The foreskin may be responsible for much trouble of a reflex nature, and any child with an obscure affection should by all means be circumcised. The operation may be performed in the adult without causing the least pain, other than that of a single needle puncture, if a one-fourth of one per cent. of cocaine is used. This solution must be properly placed and I will go somewhat into deails in describing this technic. The parts should be scrubbed. The instruments needed, a pair of hemostats, a tissue forceps, a pair scissors, a hypodermic syringe, a couple of needles and some suture material should be boiled. A strip of bandage may be tied tightly about the base of the penis if the operator elect. The foreskin should be drawn back beyond the corona and the needle of the hypodermic inserted at the side of the frenum. It should be inserted immediately beneath the mucosa just posterior to the glans and a small amount of the solution deposited at this point; a bleb forms which turns pale. The needle is pushed along just beneath the mucosa parallel to the glans and the solution is forced ahead of the point. The needle should not cause any pain nor the injection be felt. The parts must be rather tensely distended. Having carried the needle along to its full length it is withdrawn and reinserted in the infiltrated area and the infiltration continued along the line posterior to the corona a strip of mucosa being thus infiltrated to the dorsum of the organ. The infiltration is now carried around the opposite side of the organ until the frenum is reached. The tissues entirely about the penis have now been infiltrated at the attachment of the mucosa to the glans. The organ now presents much the appearance of a case of paraphimosis, where the foreskin has become somewhat swollen. Having this portion of the infiltration completed so that the needle of the hypo may be

FIGURE I

Fig. 1.—Illustrating condition of foreskin before injecting. The proper injection of a foreskin will enable the operator to perform a painless operation. These illustrations are intended to call attention particularly to this part of the work. The hairs around the base of the organ should be trimmed away with scissors. The base of the penis may or may not be constricted by a bandage, or rubber band, according to the election of the operator.

FIGURE II

Fig. 2.—Showing collar-like swelling caused by the infiltration of the mucosa entirely around the corona and immediately posterior to the corona. This is accomplished with the foreskin retracted as far back as possible. The appearance is that of a paraphimosis. The foreskin is then drawn forward over the glans.

FIGURE III

Fig. 3.—The skin is infiltrated around the organ posterior to the corona and then the entire prepuce is distended so that it presents the appearance seen in figure 3. This condition is a decided contrast to figure 1. The needle of the hypodermic should be used to prick all parts of the proposed line of incision before any cutting is attempted for by so doing one may make sure that a painless condition is secured, if not the sensitive area should be further infiltrated.

FIGURE IV

Fig. 4.—A dorsal slit has been made. The parts have been twisted somewhat to avoid the necessity of moving the camera. On a bleeding point a hemostat was attached to prevent obscuring the field with blood. This instrument slipped during the exposure and made an imperfect image. The dorsal slit should be carried entirely to the corona.

FIGURE V

Fig. 5.—Illustrates the manner of carrying the incision around the organ from the dorsum to the frenum. One side of the foreskin has been cut free and the other is still attached. This manner is preferred to that of clamping and cutting away the organ at one sweep as the operator may stop at any time if any pain is felt and further infiltrate along the proposed line of incision thus insuring a painless operation.

FIGURE VI

Fig. 6.—Showing foreskin cut entirely away. If traction is made upon the skin toward the base of the penis a more decided gaping of the interval between the edge of the skin and mucosa might be shown. The edge of the skin and that of the mucosa is to be approximated by a number of interrupted sutures.

inserted along this line without causing pain the skin near the frenum is distended, the needle being carried through to the under surface of the skin from the area of mucosa which has been infiltrated in this way the skin is infiltrated at one point without any pain to the patient.

The foreskin is now drawn over the glans and beginning at the infiltrated point in the skin the infiltration of the entire foreskin is accomplished by carrying the needle along beneath the skin. Having distended the prepuce thoroughly, the operator takes his hypodermic and pricks various points of the proposed line of incision to assure himself that it is perfectly insensitive. If a point is found where sensation still exists it is infiltrated. This last precaution having been taken the operator inserts one blade of a pair of scissors beneath the foreskin and proceeds to make a dorsal slit slowly cutting the skin and mucous layers of the organ clear up to the corona.

If at any time the patient complains of the slightest pain the operator should stop and inject along the line of the incision, more of the infiltrating solution. If the infiltration has been properly made there will be no complaint from the patient.

The operator now carries his incision around the organ first around one side then the other, taking off both the skin and mucous layers of the foreskin, about one-fourth of an inch of mucosa being left posterior to the glans to permit of sewing of the skin to it. The foreskin cut away, the edges of skin and mucosa are to be approximated by interrupted sutures. It is immaterial as to whether silk, silk worm gut, or cat gut be used as suture material. The sutures should be placed close enough together to prevent any raw surfaces being exposed as by this precaution healing will occupy a minimum time. A continued suture should never be used in these cases as the pain during the erections which follow will be intense and agonizing.

Where bleeding points are divided which spurt it may be well to control them by twisting, this being accomplished either with the tissue forceps or hemostats. The twisting of a small vessel of this kind is accomplished with ease by simply grasping a small amount of the cellular tissue from which the blood is seen to come and then pinching the forceps shut and giving it several turns. It is not advisable to twist off the button of tissue, but to stop just short of this point. If no spurting vessels are divided, the operator need pay no attention to the bleeding simply suturing the parts then trusting to the dressing to control the bleeding by compression.

The dressing of a penis after circumcision may be simple yet if it is not perfectly applied the patient will find himself put to considerable inconvenience.

The wound should be covered by a narrow strip of cotton. This should be overlaid by a larger strip or several layers of gauze leaving the end of the organ exposed. Then the dressings are held in place by repeated turns of a one-inch bandage. The use of antiseptic powders is unnecessary and I am in the habit of dispensing with them in all clean cases. The whole organ may now be enveloped in a mass of cotton if the patient is to return at once to active duties. It is unnecessary to keep a man away from almost any form of employment after circumcision. The dressings if kept free from urine need not be removed for four or five days, if they become soiled they should be changed daily. The sutures may be removed in from four to seven days. Should the patient be nervous and fear the removal of stitches use catgut and

should they not separate as rapidly as the operator desires an application of peroxide of hydrogen will aid in their digestion and separation.

(To be Continued.)

THE UNIFORMITY OF EFFECT OF THE ACTIVE PRINCIPLE

By William F. Waugh, M. D., Chicago, Ill.

Looking through some old books on medicine, the writer found hyoscyamus recommended as a nerve sedative, and to produce sleep. That was thirty years ago. Inquiring of his preceptor, he found that the latter did not use "henbane" for these purposes—"it was too uncertain." In common with most practicians of experience, he employed morphine almost exclusively; adding chloral as an alternant when it came in; and some years later the bromide of potassium.

We were young then, and strongly imbued with the love of the mysterious in medicine, and the use of a chemical or a simple alkaloid seemed so mechanical that we began to use henbane; the tincture. The first trials proved favorable (the nerves quieted, the patient slept); and we praised the medicine. Confidence followed—until the bottle was exhausted and a new supply procured. The first dose of this was given to a little girl whose chief symptom was restlessness, which we now know to have been due to intestinal fermentation and autotoxemia. But we left some henbane for the little sufferer with confidence born of our previous experience with that drug.

In the night we were roused from bed, and called to find the child in fever, the face red, eyes bright and pupils dilated, mouth dry—spitting cotton, she said—decided delirium: typical symptoms of atropine (or hyoscyamine) poisoning.

Sweet spirits of niter, spirits of mindererus, syrup of lemon, and a few drops of tincture of aconite leaves, was prescribed; and after an anxious hour's waiting the report came that the druggist could not fill the prescription—he had no tincture of the leaves! Changed to corresponding dose of tincture of the root, and in another hour the medicine arrived—the crooked label, dirty bottle and directions of a teaspoonful where a tablespoonful had been ordered, testifying to the exasperation of the sleepy clerk.

However, after a night of suspense and dread, the symptoms subsided—and we quit using henbane.

The writer learned of the existence of jaborandi in South America, and welcomed it when Green brought it home. For some time we employed it with much satisfaction—until one day when it was prescribed for a nursing mother whose milk was deficient. Next day the secretion was completely absent. A big fuss followed, the sample being traced back to the manufacturer, who, though innocent, received the blame. The matter rested there until the chemists cleared up the mystery by showing the presence, in jaborandi, of a number of alkaloids that mutually antagonized each other; and the guilty specimen was simply one poor in the pilocarpine group and rich in the jaborine group. Since that time the writer has used pilocarpine, and got the effects he desired without the slightest sign of an antagonistic one.

Now and then we read of a dose of paregoric or of laudanum being given as a sedative or hypnotic, but causing death in convulsions instead. While such cases are not common, they do occur often enough to render it imperative to the user of galenics that he should recollect that opium contains principles that act like strychnine, and that sometimes these are present in excess and the morphine in minimum.

The thought that strikes one most

forcibly, when such instances occur, is the needlessness of it. Modern chemistry has rescued for us hyoscine from henbane, pilocarpine from jaborandi, and morphine from opium. From these active principles we may obtain exactly the results we desire, secure in the knowledge that no other undesired effects will appear instead. If given in the admirable method devised by Burggraeve, there is no possibility of untoward effect, or of the dose being too great or too little, or anything else than just "dose enough" to do the work laid out for it. Why physicians should continue to employ uncertain agents when strictly accurate, invariably uniform preparations are accessible, can only be set down to the inherent conservatism of the professional—or rather the difficulty of arousing the doctor out of the ruts he gets into so easily.

How true it is that a decided advance in one direction necessitates other changes. A more elevated view gives one a better idea of the object under consideration, and also shows other and unexpected conditions, altering our ideas in other respects. The scout who climbs a tree sees more of the enemy's dispositions than he who remains on the ground; but he who rises in a balloon may see reason to completely alter the whole plan of campaign. The physician who gets in the habit of employing remedial agents of invariable and uniform powers, learns to look for just such uniform and invariable conditions indicating their use. When a drug is known to exert just one action we must not give it unless that special indication is present. So the physician gets in the habit of closely observing his cases, to recognizing the exact indication —and until he has gotten into this habit he never realizes how rare a thing it is for physicians to do so. An apt illustration of this has just come to the writer's notice: A physician writing to an Eastern journal tells his experience with croup. He has "tried" seven different remedies recommended by seven authorities, and has failed with all seven. He does not give any indication that he has recognized the pathologic conditions rendering any one of these remedies applicable, but has simply given them in average doses, then dropped them for others. In no case has he shown that he gave the remedy till its special effects were manifest—it may have been inert for all he knew. He winds up by remarking that he has found no agent uniform in its effects, not even morphine or apomorphine, the former intensifying pains sometimes while the latter fails to cause vomiting.

I think we will agree that the effects of these remedies are uniform and invariable, and that the variability lies in the patients, solely; and we then see that the fault lay with the doctor who did not recognize the conditions present that rendered these drugs unfit for the use he tried to make of them. As long as physicians give their remedies without regard to the indications but solely because someone has advised them, and give average doses without watching for the requisite degree of effect, we may expect chance to rule the results.

The use of the active principles therefore compels the physician to pay close attention to the pathologic states, and to watch for the evidence of drug effect—and surely these are not harmful to any physician. The closer study of cases reveals to him opportunities for quick and strong intervention that would have escaped his notice formerly; especially since he now knows of certain and prompt remedies for the conditions he sees.

Keenness of insight, quick recognition of conditions, and prompt, certain, and powerful intervention, replace the old "expectancy" and indecision, the do-nothing policy of older days—and

these can not but exert a powerful influence on the doctor himself; an influence his patients are quicker than he to recognize and appreciate.

From this it results that the doctor comes to occupy a different position from that held before he learned to use the active principles. He sees things differently, because things are different. He talks from another plane, in other words, becomes more hopeful, because he finds better reason for hopefulness.

Is this Greek to you? Or do you feel that the writer is unduly enthusiastic, like so many advocates of new doctrines?

The difficulty is in comprehending that consequences so momentous, so widely spreading a circle of disturbances, can come from a change apparently so slight. It is simply impossible to explain in words to one who has not himself transferred himself to the other plane—if you will acquit me of arrogance I will say, to one who has not himself climbed out of the old rut. Only when one has learned these truths by actual trial and become familiar with the powers of active principle medication, can he realize the difference between his former and his present self.

Dr. Dougherty showed a case of otitis media at the Clinical Society of the New York Polyclinic. The patient first came to him complaining of a pain in her ear, and examination revealed a chronic suppurative otitis media, and a few days after her first appearance she developed an acute condition, for which the speaker did a Schwartze-Stacke, doing the radical mastoid operation, removing the posterior wall, and making what is termed a Panzer flap to close the opening between the cavity of the middle ear and the adjoining portion of the antrum. The result was remarkable healing in six weeks, which is not always the case.

MERCURY AS A PHYSIOLOGICAL CELL MEDICAMENT

By John Aulde, M. D., Philadelphia, Pennsylvania.

The manifest advantages of thoroughly triturating mercurials in order to secure medicinal effects must be apparent when we consider that mercury exists in the blood as an albuminate, and as such must be manipulated by the protoplasm which constitutes the cellular structures of the various organs and tissues. A notable illustration of the therapeutic value of mercury is found in its administration for hepatic congestion, acute, subacute and chronic. For example, an acute bilious attack will subside in the course of an hour from the use of small doses of the biniodide properly triturated together with the sipping of hot water, a clinical result which is brought about through its sedative action as an antiseptic in the stomach and its influence upon cell function in the liver, to which the infinitesimal particles of mercury are carried for elimination. The smaller the particles, the more prompt is absorption, while the most favorable conditions are provided for thorough distribution.

The foregoing paragraph was written five years ago, when this paper was prepared for publication, and represented the correct scientific views held at that time. Now, however, thanks to the researches of Bredig and his pupils on inorganic ferments, important advances are possible in our conception of the therapeutic properties of mercury, and in fact, of all metals, although it should be stated that Bredig's work had no reference to therapeutics. In bringing this forward as a factor in practical medicine, I am but extending the field, in other words, enlarging the medical horizon.

Briefly stated, the deductions from Bredig's investigations are as follows: All metals in electrolytic solution are

in the form of "colloids." So infinitesimal are the particles that their presence eludes the most powerful microscope, and yet they enact the roles of ferments —by catalysis. These "mineral ferments" differ from organic ferments only in their lack of surface energy—they are not self-perpetuating like pepsin, trypsin and amylopsin, etc. In addition to this, Galleotti presents evidence that the "colloid" solutions are far less poisonous to vegetable protoplasm than ordinary solutions—a thousand times less in the case of copper.

Bearing in mind now, that the body fluids and tissues are electrically charged, no further argument is required to show the advanatges of thorough trituration. At the same time, it confirms in the most striking manner my contention for small doses at short intervals as the best means of promoting cell action. This applies to alkaloids as well as minerals, since Professor Green has demonstrated that the former also enact the role of ferments, but it will take a hundred conscientious and capable clinicians at least ten years to fully elaborate this new factor in modern medicine so that it will become the common property of every physician.

Mechanical triturations of the more active mercurials, including insoluble preparations, are far preferable to solutions, because no injury is sustained by the cells with which the preparation (dose) first comes into contact. In this connection should be mentioned the fact that the clinical effects are notably increased by the conjoint employment of an alkali, as it is the function of the latter to increase the oxygen-carrying capacity of the blood, thus aiding oxidation and favoring elimination. In addition to this should be noted the value of a saline to augment the germicidal properties of the blood; hence, the physiological indications for the employment of both an alkali and a saline—to stimulate the lymphatics, to flush the inter-cellular spaces and promote the uninterrupted transmission of nerve impulses.

We are warranted in assuming that this action or effect extends to the lymph-vascular system, clinical results being in evidence, and recalling at the same time that mercury has a selective action upon the lymphatic glandular system, we are in a position to estimate the probable medicinal effects of a combination which includes nuclein from animal sources, itself a normal physiological product. Its value will be apparent in the case of "obscure nervous phenomena" produced by the ordinary mercurial treatment, since this and other effects (necrosis, salivation and debility with mental impairment), are the correct physiological indications for clinical application. Indeed, the success of mercury in this class of cases gained for it the designation "alterative," and when we understand that its clinical effects must be obtained by or through the medium of cell function, the name will still be appropriate, inasmuch as it changes or alters the physical condition and physiological capacity of the disordered cells. Nuclein, therefore, which is the normal antiseptic of the organism, is its scientific and clinical complement—a true synergist through its influence upon the vital activities of the cells. Alkaline-saline medication then becomes our most valuable adjuvant in the treatment of chronic diseases with obscure nervous phenomena (neurasthenia, etc.) and also in the case of specific infection (syphilis).*

*A note should be made here of the curious fact mentioned by Brunton, that in acute mercurial poisoning, the calcareous matter disappears from the bones, but reappears in the form of calcification of the kidneys, thus showing a connection between mercury and calcium, both of which have a selective action upon the lymph-glandular system. It is important also as throwing a side-light upon disorders of the kidneys in those who take the routine mercurial course without proper attention and neglect of precautions to favor elimination.

As an hepatic stimulant, especially when there is engorgement of the left side of the liver with more or less distension of the gall bladder and catarrh of the duct, the combination of mercury biniodide with nuclein (nucleo-mercury), is of intestimable value as will be demonstrated clinically in the treatment of an acute bilious attack when these conditions are present. The most forbidding symptoms quickly subside and patients who suffer from recurrent attacks of this character are always agreeably surprised at the prompt relief afforded from the small dose in the form of a tablet triturate. An important phase of this treatment is ingeniously developed by Brunton, as follows: "From the fact that bile is re-absorbed from the intestine, it is obvious that an hepatic stimulant which simply increases the secretion of bile by the liver, will not of itself act as a cholagogue and remove the bile from the body. In order to do this, this action must be combined with increased peristaltic action of the bowels, which will hurry the bile out and prevent its re-absorption. If, in addition to increased peristalsis, we have increased secretion from the intestinal mucous membrane, so as to wash out the intestine, we shall get the bile still more effectually removed from the body. The necessity for such a combination has, indeed, been long ago shown by clinical experience . . ." In my experience the combination of lithia with a suitable saline (alkaline-saline) is admirably adapted to produce the desired cholagogue effects, since the saline favors endosmosis. Increased peristalsis can be secured by the judicious employment of strychnine, but it should not be given in sufficient dose to produce any marked effect upon the entero-hepatic circulation.

This treatment, it will be observed, is both restorative and curative, re-absorption of the bile being prevented, with a cerebro-spinal tonic to take up the slack (muscular), incident to nearly all manifestations of indisposition.

The foregoing summary of the treatment of acute bilious attacks would be incomplete without reference to the special importance of following strictly the directions given, since it is now recognized that the ingestion of liquids increases the pressure under which bile is secreted, and Kronecher has demonstrated that this practice temporarily abolishes the inhibitory action of the vagus upon the heart.

A note of caution should be added that caffeine is contraindicated in the acute disorder, since it disturbs the vascular tension in the portal circulation, increasing the strength of cardiac contractions and actually producing obscurity of the symptoms. Coffee topers thus become bilious and remain so, because the abnormal condition is such that it must be continued or collapse is threatened. By following the plan here outlined, danger is averted and recovery assured.

Dysentery is generally associated with or dependent upon a disordered condition of the liver; hence, the utility of nucleo-mercury in correcting this morbid condition in both children and adults, overcoming at the same time the characteristic depression arising from the drain upon the system—which lessens the power of the cells to functionate.

The treatment of syphilis by mercury has long since passed the experimental stage, but notwithstanding our present knowledge of its antidotal action in the secondary stage, there are frequent complaints of unsatisfactory results. Perhaps the causes may be discovered when too late to remedy, in which case the patient suffers. The dose may be too large, as is usually the case with both calomel and the bichloride, and as a consequence, cell function is hindered and lymph deposits remain unabsorbed, when the "obscure

nervous phenomena" manifest themselves and resort is had to potassium iodide or gold combinations. However, these untoward effects may be avoided by the judicious employment of nucleo-mercury, for several reasons, among which should be mentioned the following:

1. It is an antiseptic and in the small doses at short intervals as advised, acts locally as a gastric sedative.

2. The mercurial being insoluble, but thoroughly comminuted by mechanical trituration, it is readily absorbed and promptly distributed as a "colloid," thus avoiding local irritation and cumulative effects.

3. The reconstructive properties of nuclein from animal sources contribute to the normal conservative processes; hence, the evidences of progressive improvement may be studied from day to day.

4. Clinical observation shows that it is an active preparation as against skin eruptions, mucous patches and pains, and that in moderate doses, it improves rather than disturbs digestion; hence, its signal value in the treatment of syphilis of the nervous system.

I should add that on beginning treatment of a case of tertiary syphilis, in addition to the administration of nucleo-mercury, nuclein in large doses should be given hypodermically on alternate days for at least a month, and since the albuminate of mercury is soluble in salines, the value of alkaline-saline treatment will be apparent in this class of cases.

In conclusion I beg to add that the therapeutic indications are by no means complete, but sufficient has been said to convince the intelligent reader of the practical adaptation of mercury as a physiological cell medicament in the treatment of both acute and chronic maladies.

CHRONIC ABSCESS OF THE LACHRYMAL SAC

At a meeting of the Clinical Society of the New York Polyclinic Medical School and Hospital, held February 6, 1905, Dr. Earl Conner exhibited two patients with chronic abscess of the lachrymal sac. The first patient had been treated by probing, which is the classical procedure usually followed in these cases. The speaker said that his experience had been that this mode of treatment afforded temporary relief, but the attacks of inflammation usually recurred, and the patients returned for treatment from time to time, and he did not think that a real cure could be obtained by this means. The patient had absolutely refused operation, and his condition at the present time presented the highest type of relief that could be obtained without the use of the knife.

The object in showing the patient was to demonstrate that so long as the abscess existed, so long was the eye in danger. A simple abrasion, for instance, might produce a sloughing of the cornea, and then the eye may be lost. He thought operation justifiable to preserve the health of the eye.

Dr. J. A. Bodine said that in his opinion it would be a very simple matter to cure the disease by dissecting out the sac from below, but he would like to know what the result of closing up the outlet for tears would be.

Dr. D. S. Dougherty opened the discussion of this case. He said that often a frontal sinus, with a sinus running down to the lachrymal sac might be mistaken for abscess of this sac. He thought the latter condition sometimes dependent upon a nasal deformity and relief of this deformity would have a curative effect upon the disturbance in the lachrymal sac. He thought, too, that slitting up the sac and washing it with an antiseptic would produce very good results.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

WHAT OF THE WHIPPING POST?

The time is about due when bucolic legislatures will grapple with questions like wife beating and kindred topics. A short time ago a newspaper of wide circulation published a symposium of opinions of men in the public eye upon the question of the advisability of establishing the whipping post for wife beaters. By a singular coincidence all the judges and legal lights decried the plan as being a step backward in civilization while without a single exception the clergy warmly advocated the early establishment of the relic of barbarity. By an unexpected oversight no medical men were approached by the editor in his effort to feel the pulse of the educated professions. And there can be no doubt about the matter of the meaning of the agitation which is going on over this very question. In fact so firmly rooted is the theory in the minds of many people that more than one legislature will during the sessions now begun enact laws establishing whipping posts for certain malefactors and wife beaters will head the list of victims. This being admitted it is clear that medical men should take an interest in and have opinions upon the subject. With this idea in view let us take a calm view of the question and array ourselves upon the side which comes nearest to keeping step with the development of the race and adding to the sum total of human happiness.

At the outset of this consideration let us glance for a moment at the aim of punishment. Punishment is intended and designed to stop crime and prevent a repetition of the offense committed. When a crime is punished with the view to ease one's feelings against the criminal or from the brutal instincts of revenge we get dangerously near a retreat in our civilization. When an individual commits a crime he is to be punished to deter a repetition by the same individual and also to warn all evil doers that danger awaits those who violate the law. And yet we have criminals and crimes with us always and probably always will have both. The fear of the law however is a safeguard without which crime would run rampant. When a man commits a particularly repugnant crime a fair proportion of the community expresses a willingness to visit upon the culprit a form and degree of punishment out of all proportion to the enormity of the crime. This feeling is common largely because of a feeling which is very well distributed that the large criminals get off easier than the small ones; that the robbers of estates and defaulters get a few years while chicken thieves get the limit. But there are certain crimes against which the people cry out and demand the full pound of flesh. One of these is rape and another is wife beating. Being more in the line of our study and observation we will limit our observations to these two. Rape is the carnal knowledge of a female of an age determined by lawful establishment varying somewhat in different states. It is very justly held a crime without an apology and yet it is committed in every city of the country every day of the year. So abhorrent is the crime held to be that it takes a whole lot of insanity to clear a man held guilty of the crime. And yet we

know that sexual perverts are plentiful in number and that they are often prompted to deeds of sexual violence with an impulse far greater than that which directs one to drug or alcoholic addiction. And we must not lose sight of the fact that if an abnormal individual commits an act damaging to himself as well as to the community and another commits an act especially revolting to the community and both were following impulses beyond their control we have crimes equal before the principle which governs human beings and to reason one as meriting the fagot and the other ten days in jail is to misinterpret the directing power of human action. Few rapists are such from an uncontrollable desire for sexual intercourse but rather because of an uncontrollable impulse to vary the plan of nature. Then later come the mutillations which the baffled pervert commits to accomplish the end sought.

The wife beater as a criminal belongs in a different class. He is a coward per se and his acts are committed in order that his claim to authority may remain good. Nor must it be regarded as conclusively proved that because a man strikes a woman he is not often justified in maintaining that measure of discipline necessary to keep the map from being removed from under his very feet. Woman is justly considered the acme of creation and yet it comes to the notice of the medical man too often that when a woman starts out to remove the limit she returns with all the medals in sight or within reach. Many a man has had to resort to mild violence or miss a fair count or anything like a fair ballot. In other words some women would incite a saint to profanity and so a law that holds good so far as the sex is concerned may call for the usual exceptions. That a man who finds it necessary to secure discipline and does so by an exhibition of brutal force, would seem to point to a most remote possibility of a second opportunity for recurrence and yet police records everywhere show that women refuse to prosecute or appear against husbands who so abuse their wives and thus any measure of treatment however severe is sure to fail more often than it will succeed.

Then the fact confronts us that it is an injured sense of propriety that actuates the desire to visit unusual and primitive punishment upon the wife beater rather than a desire to fit punishment to the crime. The willingness to drag a man who beats his wife to the whipping post takes no thought of the children who will have to bear the stigma which is sure to rest easy on the shoulders of the culprit. After long years of dealing with the liquor curse we need not be told to what depths of degradation men and women will go to gratify the craving for liquor; men who abuse their wives while in their sprees will not be deterred from either the spree or the ugly disposition attending it by a thousand lashings with a cat-o'-nine tails. Then the whipping post has little to offer in its favor except the fact that it will disgrace the children and add to their difficulty in outliving a life inaugurated under difficulties and maintained in defiance of fate. It will add not a whit to the sum total of wifely happiness for in nine cases out of ten she will aid in thwarting the dictates of the law. It will correct no conduct of the culprit since the crime most generally is committed when drink is master and the master will hold his job no matter what the punishment. Then it is the public whose sense of the fitness of things which is outraged that after all is so insistent upon the severe form of punishment. To one who from a number of years' observation along the line of family desertions were exhibited in all their baseness it would appear to point to the need of more stringent laws gov-

erning family abandonment and less need of devising barbaric forms for wife beaters. When a man will in cold blood desert a wife and children the state can well afford to care for the family and at the same time confine the deserter where the results of his labor may be secured to his family. Then the proposition of the Indiana board of charities to ask for a law making wife desertion a felony in that state would look to be a much more humane means of controlling a growing evil of a magnitude little dreamed of by people unacquainted with charity work particularly in the cities.

The writer believes it would be more in the line of progress to endorse the adoption of such measures as would depend for their enforcement upon the testimony of a community that would have to support the deserted family rather than upon the too-willing to-forgive wife who can be depended upon to falter when the strong arm of the law grapples the man who is too free with his fists, after looking the enemy over. No law however meritorious in itself is worth while which can not or is not enforced or has not back of it the endorsement of the community. Those who want wife beaters introduced to the cat-o'-nine tails will strive very hard to evade the law when the victim happens to be a friend but when a man deserts his family and thereby entails an expense on the public he strikes right at the pocketbook and by so doing finds the tender spot of most people. Laws which will make men more considerate of the rights of others and permit less easy escape of legally assumed responsibilities cannot fail to give the greatest measure of good to the greatest number while laws which contemplate the removal of a form of brutality by a means outgrown in a people aiming at advanced civilization must from the very nature of the means employed rather than from lack of sympathy with the aim, fail utterly.

The wife beater is a rare man in the community while the wife deserter is easily at the head of the list where demands are made upon counties and cities for permanent aid and care of children. The former can seldom be convicted while the latter digs his own grave. For these reasons it is to be hoped that all the states may combine to make of family desertion a felony and if this is done there can be no question but that it will prove a safeguard to wives and children and at the same time the culprit will find the desertion act a hazardous one.

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NITRO-HYDROCHLORIC ACID

Nitro-hydrochloric acid, which is also known as aqua regia, is made by mixing nitric acid, 180 c. c. and hydrochloric acid, 820 c. c. The dose which is given in the 8th edition of Bartholow's Materia Medica and Therapeutics is two to ten drops well diluted. The dilute nitro-hydrochloric acid is made by mixing nitric acid 40 c. c. and hydrochloric acid 180 c. c., distilled water 780 c. c. Dose five to twenty drops in sufficient water.

Most authors state that nitro-hydrochloric acid should be freshly prepared. The Wm. S. Merrell Chemical Co. wrote me in regard to a query as follows:

"Most authors specify that nitro-hydrochloric acid and dilute nitro-hydrochloric acid should be freshly prepared because when this mixture stands any length of time the chlorine gas which it first contained and which is one of its essential properties escapes and you have remaining a mixture of nitrogen tetroxid and water. Neither nitro-hydrochloric acid nor dilute nitro-hydrochloric acid should be

used immediately after mixing its ingredients but time should be allowed for complete re-action which may be known to have taken place when the effervescence ceases."

Merck & Co. wrote as follows:

"We can see no reason why dilute nitro-hydrochloric acid should be freshly prepared just before using. In the case of strong nitro-hydrochloric acid it is better in fact not to prepare it freshly as on mixing nitric and hydrochloric acids effervescence takes place with the evolution of gas and should the acid be kept in closely-stoppered bottle the gas evolved is very apt to burst the bottle."

Mallinckrodt Chemical Works said:

"The Pharmacopoeia makes no mention of the necessity of preparing freshly nitro-hydrochloric acid."

Schieffelin & Co. wrote that the nitro-hydrochloric acid should stand about a week in a bottle without a stopper before it should be used.

Dr. Ira Remsen of Johns Hopkins University said:

"Nitro-hydrochloric acid full strength is an awkward substance for any one but a trained chemist to deal with. . . I do not consider nitro-hydrochloric acid full strength a fit substance to use in practice."

Geo. D. Feidt & Co. wrote that nitro-hydrochloric acid should be freshly prepared but said if it was kept well stoppered in glass stoppered bottles it would keep for a very long time.

E. F. Miller, Professor of Pharmacy Alabama Polyclinic Institute, said:

"It would be next to impossible to say just how long nitro-hydrochloric acid can be kept without losing its medicinal properites since this depends so largely upon whether it is kept in a cool dark place or in a warm or hot place exposed to light. As the temperature and the light to which it may be exposed may vary considerably the time it may be kept will also vary to a considerable extent. It should not be used if it has become much paler than a golden yellow. For instance when it has become of a lemon yellow it is generally considered to be of little or no value. It is most efficient when it is of an orange color but it should not be prepared extemporaneously since this involves too much danger in handling it, especially dangerous for the patient."

Powers-Weightman-Rosengarten Co. said:

"Respecting nitro-hydrochloric acid we would state that this should stand until the free generation of gas ceases before stoppering. It can then be kept in a cool place in glass stoppered bottles."

The G. F. Harvey Co. wrote as follows:

"If you wish to inquire however whether there is any difference between the therapeutic action of nitro-hydrochloric acid and nitro-hydrochloric acid dilute, we answer that there is. If nitro-hydrochloric acid dilute is properly made the strong acids are first mixed together and after the reaction ceases water is then added to dilute them. A dilute nitro-hydrochloric acid freshly made then in corresponding amount would have the same effect as the strong nitro-hydrochloric acid. Clinical experience has shown however that this dilute acid does not give the same results as the strong. Hence it is supposed that after the water is added this compound is again broken up in the two original acids with some free nitrous acid or to state it in another way we would say that the nitro-hydrochloric acid dilute is not a stable compound. The better plan is to direct the stronger acid and have it diluted each time as it is taken."

E. R. Squibbs & Sons wrote as follows:

"In making up the nitro-hydrochloric acid only sufficient amount should

be mixed to last about three or four months which is what is understood when we state 'freshly prepared' for this mixture. It should be accomplished of course in an open vessel or bottle and not corked until the reaction has ceased. This reaction requires about twenty-four hours."

Dr. J. C. Wilson of Jefferson Medical College wrote as follows:

"Between diluted nitric and hydrochloric acid no reaction occurs and therefore both Pharmacopoeias direct that the acids shall be mixed before dilution. But according to the researches of Mr. Tilden confirmed by Mr. Redwood (P. J. F., X 508) water determines a decomposition of the products resulting from the reaction between nitric and hydrochloric acids and the reformation of hydrochloric and nitric acids with a little nitrous acid. It would seem therefore that diluted nitro-hydrochloric acid is not an eligible preparation, a conclusion confirmed by clinical experience."

Dr. Wilson quoted the above from some author and then said:

"The same is to some extent true of the stronger acid which is liable to lose chlorine by heat and have its chlorine converted into hydrochloric acid by the action of light and decomposition of water. It should not be kept in large quantities or kept very long by the apothecary."

The Rosessler & Hasslacher Chemical Co. referred my query to the General Chemical Company and the following was the reply:

"Nitro-hydrochloric acid should be allowed to stand at least twenty-four hours after mixing and should be held during that time in a loosely stoppered bottle or flask so that any pressure formed by the generation of chlorine may be relieved at which time it can be put into amber colored glass stoppered bottles and stoppered."

L. E. Sayre of the University of Kansas said:

"As a remedial agent nitro-hydrochloric acid should be administered through a tube. Its effect upon the teeth is dependent upon the condition of the teeth. Perfect teeth are not easily effected. I have known strong nitro-hydrochloric acid to be taken diluted one part to five. Always dilute at the time of administration, the effect is better this way than if the diluted acid were employed. I should suggest that you use a glass tube and then dilute the acid so as to make it just lose its caustic property."

Dr. Hare in the 9th edition of his Practical Therapeutics says:

"Nitro-hydrochloric acid (acidum nitro-hydrochloricum U. S.) is a liquid giving off a distinct odor and possesses a very caustic power staining the tissue of the body a light yellow. It is official in the form of the dilute acid (acidum nitro-hydrochloricum dilutum U. S. and B. P.) in which form it is useless except as an ordinary acid. When we wish to use the acid for its own peculiar effect the official dilute acid ought always to be supplanted by the freshly mixed strong acid and be of an orange color. If this cannot be obtained the physician should prepare the compound for himself by adding four parts of the medicinally pure nitric acid to sixteen parts of hydrochloric acid and allowing the mixture to stand in an open bottle until the fumes are no longer given off in excess when it must be tightly corked and kept in a dark place. This acid should be freshly prepared every few days."

Dr. H. C. Wood in the third edition 1880, of his Treatise on Therapeutics, says:

"This preparation is made by mixing three parts of nitric acid with five parts of muriatic acid. If the acid is sufficiently strong an orange-colored liquid is formed with the evolution of intensely irritating vapors. After standing for a length of time the red color changes to a golden yellow. It

is in this state that the United States Pharmacopoeia directs the acid to be used. By longer standing the golden yellow becomes lemon-yellow and the odor of chlorine is almost entirely lost. These changes are hastened by light but will occur in the dark and in well-stoppered bottles. Although the golden-yellow acid is directed by the Pharmacopoeia yet careful clinical studies have convinced me that the acid acts much more efficiently when freshly prepared and of a deep red color. In some cases it has seemed to me useful only when in the latter form. The lemon-yellow acid is nearly valueless."

Nitro-hydrochloric acid is a very useful remery when indicated and the above quotations are made for the benefit of all physicions who wish to use the remedy and get the best results. They will be of especial value for those who do their own despensing, a thing which all should do.

This remedy is more adapted to chronic conditions. It can be used in sub-acute diseases but is rarely or never indicated in acute conditions. It can be used both externally and internally. Its external use would no doubt be of extreme value if properly understood and properly carried out.

In chronic hepatitis of hot climates it is very useful. It is also useful in diseases of the liver when the patient is very weak and cannot take purgatives. After a patient has been abused and debilitated by calomel, nitro-hydrochloric acid is very useful. Those who practice in the southern states will often have occasion to use this remedy.

At one time nitro-hydrochloric acid was used in syphilis but has drifted out of use. It no doubt is very useful in various skin diseases and should be used for such conditions, both internally and externally.

Nitro-hydrochloric acid has been used in chronic diarrhoea and various other conditions with good results. It should be studied more closely and its action will be appreciated.

J. A. BURNETT, M. D.
Memphis, Tenn.

ULCER OF LEG

When I graduated in 1888 I began to treat ulcers of the leg; for over a year I dressed from ten to twenty every day. I have used nearly all methods. In the treatment of these cases much depends upon the personal equation, much upon environment. Where environment is satisfactory it is a pleasure to treat nearly any disease. Medical writers make is appear usually that the doctor can have any environment he wants for his patient, but he can not.

The man must work—yes, he must —and doctor you must make that ulcer heal or you are no good. Mrs. A. who has an ulcer of the leg can not endure pain, thus treatment is handicapped. Now I will give such directions as almost anyone can carry out.

1. Eat a half grain tablet of calcium sulphide hourly.
2. Take 2 to 6 drachms of phosphate of soda or saline laxative daily.
3. Eat "Force," "Grape Nuts," avoiding fat, sugar, meats, beer and liquors.
4. Keep leg elevated all possible, using it as little as possible.

Now about one hundred good modes of treatment come to my mind. If the leg is hot and swelled paint it with ichthyol if the patient can stand it and poultice with one of the putty like compounds now on the market. If he can not stand the ichthyol use the medicated mud alone. In one or two days wash this all off and reapply until you think all volcanoes are in a state of eruption and the beds of their craters loosening. Perhaps with the forceps you can pick out a few "cores." Now fill an atomizer with

H_2O_2 and get your patient to amuse himself shooting at those sores. Now you may take pure ichthyol and if he can stand it you may rub it in but do not let a mass of it cake on the leg and roof over any accumulating pus.

For an ulcerated leg camphor is a fine thing. If that leg must be covered up wrap it in a cloth soaked in camphor chloral, spirits of camphor or carbolized camphor. If there is too much discharge however the bandage may stick and this is not nice at all. You will think of an ointment immediately. Well, use an ointment if you must but I always feel easier when I can treat the ulcer without it. There are good ways enough to treat these cases of leg ulcer that are impracticable.

For example, it may be an old man that is such a crank that no one can live with him. He is 60 years old and batches out on the plains in the alkali five miles from nobody. He calls at your office. The bandage around that ulcer once white is black. In hot weather the maggots get troublesome. Mike has concluded he will get the ulcer healed up for a change. You fit him out with a bushel of bandages, a quart bottle of camphor chloral or spirits of camphor according to the state of his finances. If these are very low you may flavor some salt with camphor and direct him to soak the ulcer in this for an hour or two every day. Applying cloths saturated in the same or a mixture of acetanilid and boric acid may fill the bill precisely but it will all depend upon your patient's willingness to pay for what he gets. If he comes up like a man and says: "Doctor, cure this and I will pay the bill. Here is security," then something can be done. You can feed him on bovinine and daub the leg with plenty of the same but if after you have put up a four ounce box of acetanilid and boric acid, he will say with an economical expression: "Doctor, how much is this?" Then you can advise him in a way that will not burden you with the responsibility of his case for it does not pay to doctor an ulcer on the leg of a nickle pincher.

If your man is a whiskey bloke he will take the medicine, pay in promises, never use it and report that his ulcer is worse and that "Doc. is no good."

There you get the personal equation with a vengeance. Be very particular that you do not waste ichthyol, camphor chloral and bovinine on his case unless you can get your fingers onto that yellow boy with which he decorates the mahogany when he comes to town. C. E. BOYNTON, M. D.
Los Banos, Cal.

SUGGESTIONS

The data for a diagnosis in J. E. H.'s case are too meagre to build a diagnosis on. First I would go over that case and see how every function of the body is performed, how bowels act, state of kidneys and skin, if digestion and assimilation are perfect, how patient sleeps. Note lack of tone and remove it.

If anemia exists overcome it. Combat nervousness with pas-avena. Be sure that no gastro-intestinal irritant causes it. See that your patient bathes at least once a week. See that your patient is not kep too warm during the time that this eruption comes out, and that she does not cause it by woolen, or flannel underclothes, or by scratching. The name of this disease might not help you, but the cause is all important, and on its removal depends a cure.

Eliminate, sedate, and tone, and be not weary in well doing, and in due season you shall reap if you faint not.
M. C. M.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

MORBID LYING.

While kleptomania has come to be well recognized as a nuerosis distinct from ordinary stealing, lying has rarely been considered in any other light, than that of a moral weakness, to be treated pedagogically. To view it from a psychological standpoint as a manifestation of a certain morbid mentality, is rather novel. The question is raised by Dr. Raymond Meunier of Paris in a short article in the Journal of Mental Pathology and illustrated by the history of three cases of remarkable lying in children. He finds this distinction between ordinary and morbid lying, that in the former there is a distinct utilitarian purpose present, while in the latter such a purpose is absent, there is instead a form of systematized delirium, in which the real personality is absorbed and the entire mental life invaded by abnormal extra—and introspection. It is a question of real practical importance for parents and educators.

A child tells a story, quite circumstantial, and weaving incidents while proceeding, which is afterwards found to lack every foundation in fact. Many parents will punish this as a lie. It is unwise and unjust. The element of conscious falsehood, which constitutes a lie, is absent. To the child the story is a reality, it lives through it, loses its own personality for the time being, and tells the experience with as much truthfulness, as if based on actual occurrence. There is mental activity, a train of association of ideas set going not by sense impressions from without, but by internal cerebral processes, auto-suggestions or such, like the hallucinations of the insane. In its milder form this cerebration is perfectly healthy, but when it exceeds certain ill defined limits or persists beyond the years of childhood, then it becomes a morbid mental phenomenon, unless it manifests itself in such pleasing form, as to be called poetry and the person affected by it to be classed a genius. When the habit assumes proportions of morbidness, then it must be treated on the same principles as other mental aberrations.

To punish a child, when it is not conscious of having done a wrong, inflicts a damage on the child which may dwarf its entire mental and moral development. It is the duty of educators to distinguish between the two forms, the lie for personal benefit which denotes moral obliquity, and the lie without utilitarian purpose which implies more or less morbid mentality.

MORE OBJECTION TO MODERN SURGERY.

The wonderful advances made by surgery during the past twenty-five years as the direct outcome of the new knowledge of antiseptics and asepsis, have impressed medical thought and tendencies most powerfully. Surgery holds easily the foremost rank among methods of healing and is still in the ascendency. A point has been reached, when a physician's fitness is being estimated, by members of his own profession, not by his diagnostic ability, his knowledge of pathology and therapeutics, the correctness of his judgment, but by the daring with which he will undertake any kind of surgical operation and the more or less mechanical skill he can bring to its performance. Men, skillful as operators, indifferent as diagnosticians, are found everywhere, often in small hamlets. The

public has caught the spirit, too, and submits to a lot of surgical work which, if not positively harmful, is at least tentative and valueless. The history of the last twenty years ought to be instructive.

First came the craze of ovariotomy, counting untold victims, until it had to be admitted that removal of the ovaries did not cure every possible ill, but meant much more to woman than the mere loss of the reproductive function. Then followed appendicectomy, still immensely popular, with the theory that the appendix is a functionless, atavistic incumbrance. But clinical observers say that a long train of nutritive disturbances is set up by removal of the appendix, and Sir William MacEwen proves in his great lecture (see abstract in Rundschau in February) the appendix to be an essential part of the digestive apparatus.

At present attention centers chiefly on operative work on gall-bladder and stomach. Mayo has just published a review of 1,000 operations for gall stones. The tendency is now to remove the gall-bladder, because patients are able to live without it, disregardful of possible remote effects. Only a few years ago the world was electrified by the first operation on stomachs by Billroth, now gastric surgery has become a fad. Surgeons assert that ulcer of the stomach is a very common disease, often overlooked, attended with great mortality under medical treatment, and the usual forerunner of cancer, but that surgery offers a safe and almost sure cure of the symptoms of ulcer and a preventive of its complications. Dr. Henry W. Bettmann, in a scholarly address to the Academy of Medicine of Cincinnati, shows much of this surgical reasoning to be unsound and fallacious. The statement of surgeons that in America the frequency of ulcer is from 2.7 to 13 per cent, is not borne out by statistics from general hospitals. The autopsy records of ten representative American hospitals shows that only in 1.3 per cent was there an ulcer or a scar. Among the total admissions to Johns Hopkins during fifteen years there were only 0.18 per cent of ulcer, in fifteen other hospitals 0.57 per cent. Mortality from ulcer under medical treatment is placed by the surgeons at from 20 to 50 per cent, while the records of clinicians show that 96 per cent have been cured or greatly relieved. The frequent conversion of gastric ulcer into cancer is insisted upon by the surgeons, but the study of many writings, autopsies and statistics proves it to be a gross exaggeration. "It is not clear," says Bettmann, "how gastro-enterostomy could prevent the metamorphosis."

Now, as to results. A study of the reports of European and American surgeons shows an average mortality from gastro-enterostomy in benign cases ranging from 5 to 25 per cent, quite as large as that from non-interference . Certainly in a great many cases of chronic ulcer the improvement following surgical interference is only temporary. Mayo himself admits "that the results of operation for chron-ulcer without mechanical obstruction have not been wholly satisfactory and furnish a considerable percentage of secondary operations and failures to relieve."

Finally, the momentous question must be asked, what will be the remote effects of such complete turning aside the natural channel of digestion. It can be answered only after years of observation. Perhaps it will be an emphatic condemnation of present gastric surgery.

POLITICS IN NEW ZEALAND.

In the foreground of national interest stand today questions of momentous economic importance. Nearly every form of production of wealth, transportation, exchange and distribution has been centralized and monopolized, un-

til enormous wealth and power have accumulated in the hands of a few and the system, as it is denominated, controls even our government. The people has awakened to its danger and under the leadership of the president a struggle against the system has been commenced. It will be a battle of giants. Under the circumstances the story, how others fought a similar fight and what came of it, may be of timely interest. It is told in a small book of only 108 pages, "Politics in New Zealand," a portion of a larger work on New Zealand by Frank Parsons and C. F. Taylor.

The colony, about twice as large as New England, is a good counterpart of the United States, having the same climate, natural resources, and settled by the same class of people. Unwise legislation had brought on painful results, monopolization of land, etc., concentration of wealth with corresponding impoverization of the masses, leading to disastrous strikes. Then in 1890 a peaceful revolution by means of ballots took place. Liberalism, we would call it radicalism, was put into control and has been kept in control since by every succeeding election. It is impossible to give in a brief review more than a faint idea of the consistent legislation which has been carried into effect. Every page of the little book is replete with weighty matters. It must be read and we wish it would be read by every one of our fifteen million voters.

America has been so busy developing its material resources and gathering wealth, that it has forgotten to look carefully to its political, social and moral development. New Zealand has accomplished the distinction of practically applying the principles of civic and economic justice to formerly unheard of diffusion and equalization of wealth and power. All the social and economic demands which form the staple of the platforms of our various reform and radical political parties, ideas which are ridiculed by the conservative and unthinking as impracticable dreams and dreaded by capital as tending to the complete subversion of our whole social structure—they have been put into practice in New Zealand. There they have nationalization of land, a modified Henry George system, public ownership or control of utilities, government insurance and loans, progressive land and income tax and relief of improvements from taxation, judicial arbitration of labor disputes, wholesome factory and labor laws, a legal eight-hour day, old age pensions, equal suffrage of the sexes. Government indeed is not paternal, but fraternal. The result? Absolute democracy of social life and a greater wealth per capita and greater annual income and surplus per inhabitant than in any other country.

We are blindly groping after all those things. Is the extent of our country and the great number of inhabitants an obstacle to their acquirement? It is an open question which has never been put to the test. But go and read the book, it will open your eyes.

The book is published in paper covers at the price of 25 cents by the Medical World, 1520 Chestnut St., Philadelphia.

Prof. Parsons says:

"The United States is a land of industrial conflict; New Zealand is a land of industrial peace."

"New Zealand is living under the rule of men; we are living, to a large extent, under the tyranny of capital."

"The dominant ideal in America is industrial conquest. The ruling thought of New Zealand is political and industrial justice and equalization."

"In America the people have the right to govern; in New Zealand they do govern."

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We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 MARCH, 1905 No. 3

LITTLE STORIES FROM LIFE

II.

He had just entered a good old age, with his faculties unimpaired, and the closing years of his life should have been as beautiful as the colored foliage of a glorious autumn. But they were not. He was an austere man, upright and honest, but his vocabulary contained no such word as love. Sympathy he never gave nor wanted. His life had been devoted to filling his barns and building more barns to hold the increase of his lands. He saw no beauty in the world around him only as it added to his wealth. He scorned the man who cultivated beautiful flowers when he could have employed his time in producing something of material profit.

But in his declining years his sight failed and he was enshrouded in never-ending darkness. His only hope for vision was to enter the hospital and submit to the surgeon's knife. He had never known what sickness or patience was and it was predicted that he would be a difficult patient to handle. But his blindness had made a changed man of him and had softened his over-bearing spirit. The work of the surgeon and the kind attentions of the nurse were received with kindly appreciation. The operation was successful and his vision was restored. For the first time in his life he saw the beauties of nature. The grass, the flowers, the trees, and the blue sky, all showed to him now the handiwork of the Creator. He had an interest in mankind and was willing to give a lift to the downtrodden and afflicted. He realized that a successful life means more than the acquisition of riches. The evening of his life was the grandeur of a glorious sunset.

We often wonder what good can come from sickness and physical troubles, but they often break the hard shell, covering a really noble soul. It is often noticed that blindness will melt the hardest heart. Affliction often brings out the best that is in a man and enables him to appreciate and enjoy life as never before.

WOOD ALCOHOL

The use of wood alcohol as a substitute for grain alcohol is becoming a serious matter. Because of its cheapness it is being used in flavoring extracts, patent medicines and other preparations. Dr. Frank Buller, of Montreal, and Dr. Casey Wood, of Chicago, have been investigating the subject and have found 175 cases of blindness and over 100 deaths due to

wood alcohol in the last seven or eight years. Without doubt many more cases have not been recorded and in many more the cause was not recognized. The public should be taught to beware of cheap flavoring extracts and patent medicines for in them may be blindness or death. The government should either reduce the tax on regular commercial alcohol or increase the tax on wood alcohol so that there woud not be the present great difference in price, which is always a temptation for the unscrupulous to use the cheaper. The use of wood alcohol in essences or medicines should be a prison offense. Every physician should educate his patients on this subject.

Wood alcohol is used extensively in praparations of hamamelis, colognes, liniments and other products used externally, often with serious results to the users. The statement has recently been made that the constant use of such preparations by barbers has caused some serious eye troubles. Barbers, for their own protection, if for nothing else, should avoid the use of preparations containing wood alcohol.

A bill will probably be introduced in the next congress to reduce the tax on grain alcohol. This would give a grain alcohol cheap enough to prevent extensive substitution. In Germany alcohol is sold cheaply and is used largely where we use gasoline and kerosene. It is denaturalized so that it cannot be used as an intoxicating drink. Cheap alcohol in this country would do more to weaken the hold on the nation of the Standard Oil octopus than any other meausure. May we see the day of cheap alcohol in the near future.

THE OPTICIANS

The opticians seem to wonder why the medical profession opposes them, especially when they have a bill introduced in the legislature. Let us see why this is. If the opticians confined their work to fitting and selling glasses probably few oculists and fewer physicians would pay any attention to them, although they are greatly handicapped by their lack of knowledge of eye diseases. But this is not what the opticians are doing. As a class they are endeavoring to deceive the public into believing they are physicians and ophthalmologists. After attending a few weeks' course in optics, or taking a mail course, and securing a degree, doctor of optics, many of them forever after advertise as Dr.—. Why do they not advertise as doctor of optics? Because they wish to make the public think they are medical graduates. They then stock up with a few bottles of some of the "ines" warranted to cure eye disease and proceed to advertise that they can cure all eye diseases. This is not fancy but fact, as a little observance of the newspapers will show. The claims made by these "optician doctors" would not be made by the most skilled ophthalmologists. As a result the deceived public, often thinking they are oculists, go to them for treatment for eye diseases and frequently with sad results. Iritis, glaucoma and other serious eye diseases are "treated" by these opticians until vision is hopelessly lost. But this practice is slowly developing a prejudice in the public mind against opticians. After a man has needlessly lost an eye he never feels very kindly toward the "optician doctor" who treated him. No one should attempt to treat the simplest eye disease unless a graduate of a medical college and no one should claim to be expert in ophthalmology until he has had post-graduate work and experience in addition to the four years' medical course, and yet many opticians after five or six weeks study advertise to cure eye diseases. This class of opticians want laws creating boards to give them licenses which they will use to further deceive

the public into thinking they are graduated physicians. These are some of the reasons the medical profession is opposing opticians.

There are some opticians who confine their work strictly to optical work, who study eye diseases sufficiently to know when cases should be referred to an ophthalmologist. This limited number will better advance their interests by not promoting legislation which will be used by the many merely for protection in deceptive practices.

Not alone do these "optician doctors" advertise to cure eye troubles but they advertise to cure a long list of general conditions which they say come from eye-strain. Every case of head trouble or dizziness they have a remedy for. As the educated ophthalmologist well knows, many general derangements are the result of eye strain but not all by any means. He knows which cases to attend to himself and which to refer to the general practitioner.

The opticians' business is doomed to annihilation if they continue to use their occupation as a means to practice medicine as they are now doing. If they do not confine their work to the optical business public sentiment will sooner or later drop them entirely.

Everybody's Magazine for March contains the second instalment of Charles Edward Russell's articles on the beef trust, "The Greatest Trust in the World." Thos. Lawson begins the real story of "Amalgamated Copper." An entertaining article is "The Jewel Crafts of India," by Edmund Russell. Walter L. Hawley and Lindsay Denison collaborate on "The After-Dinner Speakers," with the wit and color which the subjects suggest. "The Fourth of March," which gives the features of presidential inaugurations from the time of Washington, is an excellent and timely article.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on Treatment, Medicine, Neurology, Surgery, Obstetrics, Gynecology, Orthopedics, Pediatrics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners by Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M. D., Baltimore; J. H. Musser, M. D., Philadelphia; James Stewart, M. D., Montreal; John B. Murphy, M. D., Chicago; A. McPhedran, M. D., Toronto; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; John G. Clark, M. D., Philadelphia; Richard Kretz, M. D., Vienna; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh, and John Harold, M. D., London, with Regular Correspondents in Montreal, London, Paris, Berlin, Leipsic and Carlsbad. Vol. IV, Fourteenth Series, 1905. Pages, 314. Illustrated. Cloth, $2.00. J. B. Lippincott Company, Philadelphia.

The latest volume of this series of practical manuals opens with a warning on the excessive use of drugs in chronic disease, by Dr. Geo. Hayem, of Paris, followed by an article on the indications for the dechloridation treatment of Bright's disease by Dr. Javal. Dr. Myron Metzenbaum contributes a most excellent article on radium and its

therapeutic uses with case reports. Doctors F. P. Weber and J. H. Watson, of London, write an article of scientific worth on chronic polycythemia with enlarged spleen. Dr. Solomon Solis Cohen shows the necessity of determining the etiological origin of joint disease, both from a diagnostic and therapeutic standpoint. Dr. E. H. Bradford contributes "Lateral Curvature of the Spine," illustrated with half-tone plates, an article full of good suggestions. Dr. J. K. Young reports a case of infantile palsy relieved by nerve anastomosis. W. Arbuthnot Lane, M. S., of London, writes on "The Operative Treatment of Constipation," in which he proposes to eliminate the large intestine from the gastro-intestinal tract. He advocates joining the ileum, about ten inches from the cecum, to the sigmoid loop or upper part of the rectum. Anthony A. Bowlby, of London, contributes an article on gastric surgery. The longest article in the book is "The Etiology and Pathology of Amoebic Infection of the Intestine and Liver," by Chas. F. Craig, M. D., of the U. S. army hospital, San Francisco, which is worth reading. These are only a portion of the good things in the volume which is profusely illustrated with half-tone and colored plates.

THE SURGICAL DISEASES OF THE GENITO-URINARY TRACT, VENEREAL AND SEXUAL DISEASES. A Text-book for Students and Practitioners. By G. Frank Lydston, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphiololgy in the Medical Department of the State University of Illinois (the College of Physicians and Surgeons); Professor of Criminal Anthropology in the Kent College of Law; Surgeon-in-Chief of the Genito-Urinary Department of the West-Side Dispensary. Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States to the International Congress for the Prevention of Syphilis and Venereal Diseases, Held at Brussels, Belgium, September 5, 1899, etc. Second Revised Edition. Illustrated with 233 Engravings and 7 Colored Plates. 6 1-2 by 9 3-4 inches. Pages xv-1008. Extra Cloth, $5.00 net. Sheep or Half-russia, $6.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

Whatever Dr. Lydston writes is always concise and pointed and this book is no exception to the rule. This is a voluminous production, yet it is very clear. The author gives a practical view of the field of genito-urinary and venereal diseases, following as closely as possible his course of lectures delivered in the Medical Department of the University of Illinois. He first presents the general principles of genito-urinary, sexual and venereal pathology and therapeutics, then takes up the discussion of venereal diseases. A section of the book is devoted to diseases affecting sexual physiology, such as aberrant and imperfect differentiation of sex, aberrations of sexual instinct, impotence and sterility, etc. Diseases of the prostate and seminal vesicles are considered at some length, giving the latest views on the subject. Diseases of the urinary bladder, including neoplasms, neuroses and calculus, is a well presented section of the work. Surgical affections of the kidney and urethra come in for careful consideration. The last section is devoted to diseases on the testis and spermatic cord. The author gives the accepted and standard views of the subject and his own opinions and conclusions based on his very large experience. The whole subject is covered thoroughly and carefully, making the volume a veritable cyclopedia on this department

of practice. This second edition has been revised and enlarged so that it is thoroughly up to date. The colored plates and many illustrations add to the worth of the book.

A Compend of the Diseases of the Eye and Refraction Including Treatment and Surgery. By Geo. M. Gould, A. M., M. D., Editor American Medicine, Formerly Ophthalmologist to the Pennsylvania Hospital, etc., and Walter L. Pyle, A. M., M. D., Assistant Surgeon to Wills Eye Hospital, etc. Third Edition, Revised and Corrected. Pages, 295. Illustrated. Cloth. Price, $1.00. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

This book has been enlarged so much that it is now more than a compend so that the general practitioner as well as the student will find it useful as a guide in ophthalmology. The authors have carefully revised the work so that it is abreast with the latest. Especial attention has been given to points of practical value. The section on local ocular therapeutics, with its numerous formulae, will be found especially useful as it has been increased to include all the recent mydriatics, miotics, local anesthetics, ocular antiseptics, etc. The book contains 109 illustrations and several colored plates. The second edition of this book was sold out in a short time, necessitating a third edition, which shows that the work has been satisfactory as a brief, practical manual on eye diseases.

How to Organize and Conduct a Meeting. By W. H. F. Henry. Pages, 130. Cloth. Price, 75 cents. Hinds, Noble and Eldredge, 31-35 West 15th Street, New York City.

This little manual of parliamentary practice gives information which nearly every individual can use at some time. The book gives in a condensed, yet comprehensive form, those general principles with their modifications which are well authorized and established by practice, and which are common to all well-organized bodies. Forms of constitutions and by-laws suitable for different societies are given. A chapter is devoted to forms of written business, such as various resolutions, various reports, petitions. Instruction for properly conducting debates and a list of questions for debate are presented. Anyone who learns what is in this book will be well versed in parliamentary law and able to conduct any kind of a meeting.

BOOK NOTES

The subtleties of franchise-getting, the great game of the greatest spoilers of the public purse, become the merest simplicities after the clarifying brain of Ray Stannard Baker has digested them in "The Subway Deal," which is the leading story of McClure's Magazine for March. In "Modern Surgery" Samuel Hopkins Adams dissipates the fog that for the common mortal clothes the body and its affairs. The great leaps forward since the discovery of anesthetics and antiseptics are recounted in his keen, clear, sparkling style. The story becomes under his pen a human drama of unflagging interest. The second instalment of "The Golden Flood"—Edwin Lefevre's Wall Street mystery novel—carries tense interest. Another notable article in this number is the latest instalment of John La Farge's distinguished series on masterpieces of painting. The short stories are many and good.

The men who control our great railroads are the subject of the leading article in Leslie's Monthly Magazine for March, which is illustrated with remarkable portraits of eleven of

our most important railroad presidents. Another striking article is, "Mormon or Patriot," an able discussion of whether a man can be a good Mormon and a good American at the same time. An impressive account by a Japanese officer of the capture and execution of a Russian spy, an amusing study of our patent medicine business, and the attractive narrative of the voyage of the explorer Bering, are other features of this number. The fiction includes another good installment of "The Woman in the Alcove," Anna Katharine Green's truly thrilling detective story, and eight short stories. "Irish Wit and Humor" in Marginalia, is a most amusing snapper at the end of the magazine. For $2.20 we send Leslie's Monthy, The Cosmopolitan, Wisconsin Medical Recorder one year, and 1,000 premium labels.

The March number of the Twentieth Century Home opens with an exceedingly intimate account of "Social Life in the United States," by Eliza Calvert Hall. It is illustrated from photographs of some of the most prominent society leaders in the large cities. Some of the other articles are: "The Art of Window Decoration," by Esther Singleton; "Ibsen's Heroines and the American Woman," by Grace Isabel Colbron; "Mothers of the Quarters," by Broughton Brandenburg; "Maude Adams and Her Homes," by Eleanor Russell; "Home Gymnasiums and Their Equipment," by Dr. Watson L. Savage; "The Hour of the Ostrich," by Mrs. Wilson Woodrow; "Garden Pottery: A Craft for Women," by Grace Alexander Fowler; "State Aid for Cooking Schools," by George Rutledge Gibson; "Love and Duty," by Elbert Hubbard; "A Century of White House Changes," by Catherine Frances Cavanagh; "The Baroness Burdett-Coutts," by Walter T. Stephenson; "Care of the Complexion," by Margaret Hubbard Ayer. For $2.20 we send the Twentieth Century Home, Wisconsin Medical Recorder, either The Cosmopolitan or Leslie's Weekly, one year and 1,000 premium labels.

Lippincott's Magazine for March opens with an admirable novelette from the pen of a United States army officer, Captain Archibald W. Butt. It is entitled "Both Sides of the Shield," and is placed in the South at a period about thirty years after the War of the Rebellion. Caroline Duer contributes one of the eight short stories in the number. This is enticingly called "A Wingless Victory." For salable ingenuity it is a masterpiece. In honor of Ireland's patron saint, Vincent Harper's contribution is named "The Second Nocturn of St. Patrick," and it overflows with the wit which has made that country famous. The number closes with a clever sketch of cowboy life called "Stag-Hound Bill," by Caroline Lockhart. Two excellent papers are "Recollections and Letters of Sidney Lanier," by Milton Harlow Northrup, and "Where Famous Actors Learned Their Art," by A. Frank Stull. The pages of "Walnuts and Wine" are as vigorous and side-splitting as always.

The name of Mr. Thomas Nelson Page appears in the table of contents of the March number of the Metropolitan Magazine. Mr. Page contributes an article entitled "President Roosevelt from the Standpoint of a Southern Democrat." In this number another article of peculiar interest is Mr. James Huneker's story "Richard Wagner's Greatest Romance." Mr. Burton J. Hendricks, a member of the staff of The New York Evening Post, contributes a crisp article upon "The Financial Center of the World," which tells of the development of the Wall Street district in New York. The paper is illustrated in tint by Jules Guerin, and in black-and-white by Vernon H. Bailey. There are two depart-

ments, "The World at Large," in which is pictured with text and illustrations what is newest and most interesting about the men and the women in the world's limelight; and the "Drama of the Month," in which James Huneker deals entertainingly with the attractions of the stage.

Herman Knickerbocker Viele describes in the March Cosmopolitan the carnival season in France and Italy, and a number of beautiful illustrations picture the story of the most famous of festivals. "The World's Most Advanced Government" is the title of a paper by the Earl of Ranfurly, former governor of New Zealand. He tells of legislative enactments such as Old-Age Pensions, the Arbitration and Conciliation Act—acts that have placed the colony further on the road to realize the Christian ideals of government than any other country has yet reached. And other peoples, it may be remarked, are still a considerable space behind it. Of more absorbing interest than any piece of fiction is Mr. David Graham Phillips account of "The Empire of Rothschild." Perhaps the page to which the reader will turn first is that which bears the title of Lyndon Orr's essay, "Men Who Marry and Men Who Do Not." "The Ways of the Counterfeiter" is signed by John E. Wilkie, chief of the secret service division, and "The British Operations Against the United States in 1814-15" from the pen of the most famous of war correspondents, the late Archibald Forbes. The Great Industries series is continued with "Pottery," by Irvan C. Waterbury. There are five complete stories. For $2.20 we send the Cosmopolitan, Leslie's Monthly, Wisconsin Medical Recorder one year and 1,000 premium labels.

1000 premium labels with subscriptions which are paid one year in advance.

MODERN THERAPEUTICS

NO MORE POULTICING IN THE U. S. ARMY

In a recent notification by the Surgeon General of the U. S. army, it is asserted that all the good results from poultices can be obtained in a more cleanly way by the use of wet hot compresses. Hence the order to the army surgeons to drop linseed and linseed meal from army medical requisitions. —Virginia Medical Semi-Monthly.

We highly approve of this order as far as discarding poultices made of putrescible and bacteria-breeding materials is concerned, for that is what has been done by all up-to-date physicians in private practice, but we can hardly recommend the substitute offered. We supposed that every one in this enlightened age was using antiphlogistine in all such cases because of its advantages over everything else in permanency, efficiency and cleanliness. Compare antiphlogistine, renewed but once a day, with hot compresses renewed every twenty minutes and we cannot imagine any one using compresses when antiphlogistine is available.

INFANT FEEDING

Dirty milk and stale milk are responsible for the vast majority of the failures in artificial infant feeding; responsible for a great deal of the infant mortality. The temporary use of unwholesome food will often undo all that has been gained by the most careful previous feeding and treatment of the infant. In fact, conditions arising necessitating a change in the dietary of a bottle-fed infant, particluarly if the change must

be to a food which is not known to be perfectly reliable, must be looked upon as a critical time in the life of the infant. A short railway trip in which the mother is forced to accept the milk obtainable en route or at a temporary stopping place; the failure of the regular supply to arrive; these must be regarded as periods, even though of briefest duration which are of the utmost importance.

Such a product as Highland evaporated cream, made from the purest of milk, reaching the factory in the shortest time after leaving the cow and handled with most scrupulous cleanliness, fills a place in the dietary of the bottle-fed infant which must be recognized by the pediatrician of the most dogmatic and positive views. The infant usually accepts this change to dilute evaporated cream without digestive disturbance and is certainly free from the possibility of impurities or disease producing organisms in the food.—Abstract from a Clinical Lecture at the Chicago Clinical School, Chicago, by Marcus P. Hatfield, M. D., Professor of Pediatrics.

A SUBSTITUTOR CONVICTED

Kress & Owen vs. Cruttenden.—On the 8th day of December, Police Magistrate Denison, in the police court, registered a conviction against Thos. Cruttenden, Jr., who keeps two drug stores in Toronto, one at the corner of Howard and Sherbourne streets, and the other at the corner of Gerrard and Sumach streets, for infringement of the trade-mark, duly registered in Canada, owned by Kress & Owen Co., 210 Fulton street, New York, "Glyco-Thymoline." The evidence conclusively showed that the defendant had put up a preparation under the name of "Glyco-Thymol" in bottles almost identical with those of Kress & Owen Co., and with labels worded verbatim et literatim like those of the original manufacturers. The magistrate in registering the conviction, gave the defendant's solicitor, who hinted at an appeal, to understand that if he entertained that idea he would not only fine but imprison his client as the law provided. The case was adjourned for a week, at the end of which time Cruttenden, through his solicitor, gave an undertaking that he would stop all manufacture of Glyco-Thymol and destroy all labels, bottles, etc., connected with the sale of that preparation. The firm of Kress & Owen Co. are deserving of congratulation over the results of this case. They had every reason for prosecuting Cruttenden, as it was nothing short of dishonest and entirely contrary to the law that he should stoop to such practices and try to rob a firm who, by strictly ethical advertising (solely to the profession) and the expenditure of about $175,000 per annum, have secured a large sale of Glyco-Thymoline, a preparation found valuable in catarrhal conditions of the mucous membrane.—Canadian Journal of Medicine & Surgery Editorial, January, 1905.

PARESTHESIA.

My experience with the sample bottle of uriseptin has been most gratifying. So much so that I shall give you particulars of the case.

Mrs. J—, age, 57, for several months has been a great sufferer from a form of eczema and has been under treatment from five to six of the leading physicians of Iowa, with only temporary relief. So discouraged had Mrs. J. become that she had often contemplated suicide to end her misery. She finally came under my charge and after a thorough diagnosis and examinging the urine I found it contained a large excess of uric acid and considered that I had found the cause of trouble and pronounced it a clear case

of "paraesthesia." I at once put her on uriseptin. Before the contents of bottle was taken she reported as entirely free from itching. The urine has cleared up and in fact as she puts it "feels like an entirely different person." I have recommended that she have her druggist get her another bottle and continue its use for some time yet and report later.

Thanking you most cordially for the very important part that you have had in this case, I remain,

Truly yours,

(Signed) Chas. F. Bissell, M. D.
Lewisville, Minn.

"PAINFUL MENSTRUATION IN VIRGINS"

Dr. Wm. Sellman, of Baltimore, read this paper and pointed out the necessity of giving relief to young unmarried women who suffered from painful menstruation. He considered the forms of dysmenorrhoea that could be relieved by operation. These means should not be of a character to unsex the patient. Lastly he spoke of that class of cases in which dysmenorrhoea was due to a general systemic neuralgia. In these cases, electricity in its different forms afforded great relief. It was doubtful in many of these cases whether the removal of the appendages would accomplish anything more than bring about a premature menopause.

Dr. H. W. Longyear of Detroit stated that in operating, if one ovary or a part of an ovary could be saved he did so. He would enter a protest against operating on cases of dysmenorrhoea that were of short duration in young girls.

Dr. William Humiston, of Cleveland, Ohio, had seen cases with a narrow, conical os, menstruating without the least sign of distress, but the moment an inflammatory condition of the mucosa was added, that moment the patient began to have painful menstruation.

Dr. D. Tod Gillian, Columbus, Ohio, spoke of the undeveloped condition of the uterus as a cause of dysmenorrhoea. It was not the result of stenosis of the internal os, but to an unripe condition of the uterine tissues—Med. Review of Reviews.

The thing that surprises us most in the above article is that not a single voice was raised to proclaim the almost magical effects of antikamnia tablets in such cases. We can readily recall quite a number of cases in which extreme suffering (dysmenorrhoea) was promptly relieved, not by operation, but by antikamnia tablets. Evidently these men were surgeons only.—Ed. Massachusetts Med. Jour, January, 1905.

WOMEN MOSTLY

but very often, men, show the effects of the winter's social, climatic or business vicissitudes in a train of symptoms clearly indicative of bankrupt vitality. It is sometimes difficult to classify the condition in any of the well-known disease groups because symptoms of many organs and functions merge into each other and form a complex picture. Impairment of the digestive functions is manifested by loss of appetite, inability to digest food, sometimes gastric pains. Headaches, languor, sleeplessness, general exhaustion, constitute the nervous system's methods of voicing its poverty. Loss of flesh and strength and the general state of malnutrition, bespeak disturbances of the functions of metabolism regulating the proportion of waste and repair of tissue.

Gray's tonic will do more to restore these cases to health than any other tonic or restoratives known. Its beneficial effects are noticeable from the start.

Dr. N. B. Shade, late editor North American Medical Review, in an article as to how to manage nervous and spasmodic affections successfully, (Medical Progress) in part says:

All I think of taking with me on a night call is bromidia and papine, in addition to my pocket case. It matters not whether I find a case of croup, colic, hysteria, spasms, insomnia, dementia, hypocondriasis, cramp, spasmodic asthma, abortion, a fracture, neuralgia, rheumatism, cholera infantum, or what not, for in bromidia I find a remedy that can be relied upon in all cases where the muscular, mucous, or nervous system are out of harmony. In many cases I find papine should be prescribed with bromidia were severe pain accompanies nervous conditions, insomnia, appendicitis, cramp, colic, fractures, surgical operations, etc. In all cases where morphia is indicated, I find in many cases insomnia and nervous conditions accompanied by pain, incident to rheumatism, etc., bromidia and papine act admirably, given in teaspoonful doses before retiring. No bad effects follow, no constipation, no nausea, no checking of the secretions, so that the business traffic of the system is not interfered with whatever.

Ore., Jan 24, 1905.

Ideal Chemical Co.,
St. Paul, Minn.

Gentlemen: When in Farmington, Me., two years ago I was treated by Dr. J. J. L. with your method for hernia which has proven successful and permanent so far. I am well pleased with the outcome and wish the outfit. Please send me price of same and oblige. Very truly yours,

C. A. B.

Hagee's cordial cod liver oil compound is very highly recommended for all cases of lung trouble, as a restorative in children as well as adults, after pneumonia and la grippe. In bronchitis in old people it is excellent. It is palatable, easily assimilated, and is a good tissue builder. Often where other preparations of cod liver oil have been taken without the least benefit, Hagee's will be found to do the work.—The Kansas City Medical Index-Lancet.

Do you know anything of the alkaloidal treatment of disease? Do you want to know? Then send for a complimentary copy of Abbott's Alkaloidal Digest. This little brief review of therapeutics gives you a great deal of information on the action of the alkaloids and active principles. It will repay the trouble that you take many times. Send for it now. Mention this journal. Address the Abbott Alkaloidal Co., Ravenswood Station, Chicago.

I have used sanmetto in my practice to some extent, and find it an excellent and efficient remedy in all genito-urinary diseases, especially in enlarged prostate, with frequent micturation, and in all senile weakness. Being one of the old school of medicine from the class of 1854, Kentucky School of Medicine at Louisville, Ky., I am cautious in prescribing proprietary medicines, though I do not hesitate in recommending the use of sanmetto. Irwin Hibbs, M. D., Martinsville, Ind.

D. F. Sargent and son, Genesco, Ill., have issued a new illustrated price list of their justly celebrated road carts. Thousands of doctors depend upon these carts because they ride easy and are so well made they are very durable.

1000 premium labels with subscriptions paid one year in advance.

BRIEF MENTION

If you fit glasses write the Peerless Optical Co., Chicago, for catalogue.

Carabana is considered by some clinicians the best aperient mineral water.

Write today to the Phospo-Albumen Co., Sta. M., Chicago, for free samples of their products.

If you need a good sign or some sign letters write to Geo. Steere, 256 Clark St., Chicago.

The Perfection surgical chair is unexcelled. Made by Perfection Chair Co., Indianapolis, Ind.

Send to Edward Pennock, 3600 Woodland Ave., Philadelphia, for bargain list of microscopes.

Fitchmul is valuable in bronchial troubles. Free sample of The Fitchmul Co., Concord, N. H.

The Avena Pharmacal Co., 223 E. 80th St., New York, will send you valuable samples of pas-avena.

Sal-hepatica is a great uric acid solvent. Samples free of Bristol-Myers Co., Brooklyn, New York.

Dr. W. H. Cook's oxygenated benzoimyrrh is a valuable preparation made by R. Cook Hubbs, Charleroi, Pa.

If you plant any seeds you need Dreer's Garden Book issued by Henry A. Dreer, 714 Chestnut St., Philadelphia.

The Epitome is a little magazine of up-to-date therapeutics issued by the Bioplasm Co., 100 William St., New York.

The annual report of the Physicians' Casualty Co., of Omaha, shows the company to be in a prosperous condition. This company is a co-operative association of physicians, furnishing accident insurance at cost.

The Auble Chemical Co., 1305 Arch St., Philadelphia, Pa., will gladly send you a supply of samples of their preparations.

Every doctor needs a storm hood for his buggy. G. Walter, Sandwich, Ill., makes a good one at a reasonable price. Lots of doctors are using it.

Suggestion for February has a great variety of articles on psychological subjects. A sample copy may be obtained by addressing 4074 Drexel Boulevard.

Burnham's soluble iodine gives the complete therapy of iodine with none of the bad effects. Sample free of the Burnham Soluble Iodine Co., Boston, Mass.

If you have not received the Tongaline Calendar for 1905 now is the time to write the Mellier Drug Co., St. Louis, for a copy. It is well worth writing for.

Dr. Beckers compound digest is an ideal digestant. Free samples to Recorder readers who request them of the Dr. Becker Compound Digest Co., 107 Dearborn St., Chicago.

We use Sheppard's stethoscope every day because it is an extra good one. It is worth a dozen inferior instruments. Made by Fred M. Schmidt, Schiller Bldg., Chicago.

Triacol is a most palatable and efficient combination of guaiacol salts and has a wide range of usefulness in pulmonary troubles. Samples free of The Alpers Chemical Company, 4–6 White St., New York City.

Now is the time to send your old carpets to the Metropolitan Rug Works, 158 S. Western Ave., Chicago, and they will make you an elegant new rug out of them. We know they are good.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

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Leading Original Articles

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 116 Mar. Recorder.)

ORCHECTOMY.

This operation is one which is indicated somewhat infrequently. I wish to consider it at this time as we have but recently had under consideration the operation for inguinal hernia, and in many of the operations for the removal of the testicle the cord should be sacrificed up to the internal ring. In such cases the operation calls for the isolation of the cord as in the operation for rupture, and the subsequent closure of the inguinal region in such a manner as to prevent the development of hernia.

Some surgeons recommend that in all cases where the testicle is to be removed that the operator remove that portion of the cord lying in the inguinal canal and then close the inguinal canal so that the development of hernia is prevented. It is to be remembered that the cord is comparatively large, and that after the removal of the testicle, the tissues which go to make up its bulk atrophy, so in time the patient who has had the testicle removed and the cord left within the canal is likely to have inguinal hernia develop. The development of hernia will place upon the patient the burden of wearing a truss or of submitting to a second operation.

The removal of the testicle by simply tying off the cord at the external ring and removing the organ from the scrotum is an operation which is exceedingly simple. In a large percentage of cases the extension of the operation so as to include the cord and the subsequent obliteration of the inguinal canal adds practically nothing to the dangers of the operation and is advisable.

Severe injuries, tuberculosis and malignant disease are the conditions which commonly call for the removal of the testicle. The judgment of the operator must always decide in the individual cases as to whether an injured testicle should be removed. Following crushing injuries there may be considerable constitutional disturbance and it may be well to envelop the scrotum in dressings wet with an antiseptic solution and wait a number of hours for the patient

to recover from the shock before operating. During this time moderate doses of morphine may be indicated.

Tuberculosis is now much more frequently recognized as a cause of disease of the testicle than it was some years ago. This condition begins in many instances in the epididymis, and may be the only tubercular lesion apparent, it may be found in connection with tubercular lesions of the bladder prostate or kidney, or it may be found in connection with a similar infection of some other organ or organs.

A nodular growth develops in the epididymis. It may not be noted by the patient until it has reached considerable size. The tumor becomes fluctuant and a sinus forms. The scrotum becomes filled with a soft irregular mass, sinuses form, discharge for a time and then close as others form.

An examination of the prostate made through the rectum will show in many of these cases that the infection is no longer limited to the testicle and epididymis. The urine may reveal tubercle bacilli and an examination of the chest may reveal a pulmonary tuberculosis, but the presence of these foci away from the testicle which cannot be removed are not contra-indications to operation. The removal of the mass of infected tissues from the scrotum is accomplished with such ease and so little constitutional disturbance that such an operation at least should always be performed unless the patient be in the last stages of the disease and likely to live but a short time.

Where there is a suppurating mass within the scrotum, it may not be advisable to open the inguinal canal and follow the cord to the internal ring owing to the dangers of infection of these parts, but if by such an operation the entire diseased tissues may possibly be removed, the operation should be performed, but in a reverse manner to the technic usually followed. In other words, a short incision should be made over the internal ring the cord isolated and tied off as high up as possible, as seen in figure 8. The operator then loosens the cord after cutting it free at the internal ring, loosening it as far down as he can. The wound over the internal ring is now carefully closed, and an incision made over the tumor in the scrotum. The mass is dissected free and the cord followed until its free extremity has been reached through the external ring. By this plan of operation, it may be seen that the inguinal wound stands much less danger of becoming infected. The cord has been freed in the canal above, then it is drawn down through the canal and through the external ring and out the scrotal wound. The tissues fall together and should be so held by compression. The scrotal wound is drained so that the secretions will not block up and infection ascend into the inguinal wound. The operator should of course take every precaution to prevent as little soiling as possible of the scrotal wound and should make the incision in the scrotum so that drainage will be perfectly free with the patient in either the recumbent posture or when erect.

In these cases where suppurating sinuses exist, it is impossible to secure an absolutely sterile condition of the scrotal wound, and suppuration may be expected to follow. Provision should be made for the escape of the pus. Gauze alone should not be trusted for drainage, but rubber tubing should be used. The parts may suppurate freely for a few days after the operation and necessitate frequent changes of the dressing. Care should be used in cleansing the wound cavity not to irrigate with a solution which may make its way up into the inguinal wound.

After the tumor has been removed and all hemostasis perfected, it may be advisable to remove a portion of the scrotum before completing the opera-

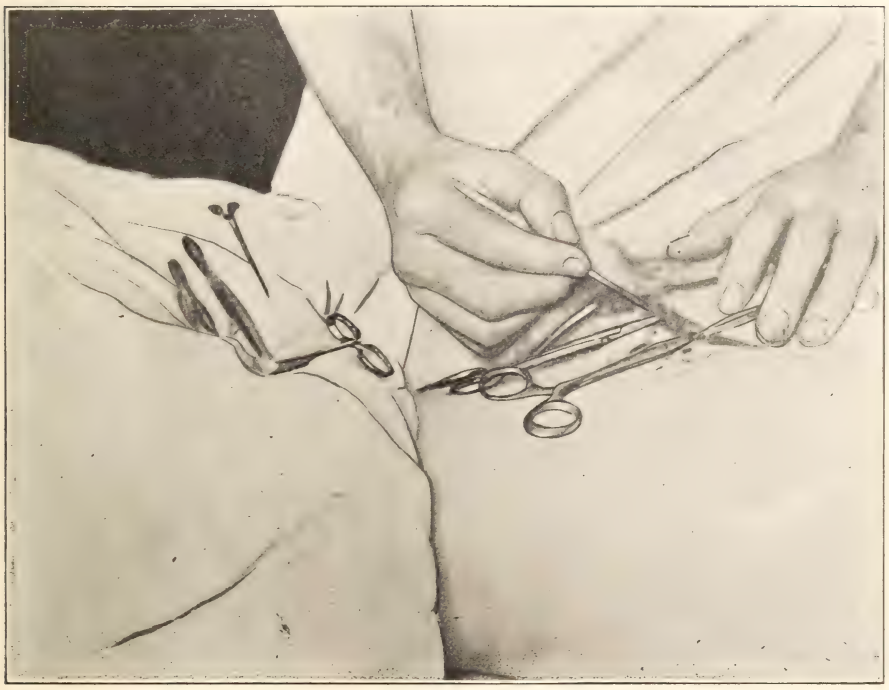

FIGURE I

Figure 1.—Illustrating the extent of the incision where the cord is to be removed with the testicle up to the internal ring. The operator exposes the roof of the inguinal canal then passes a director along the inguinal canal and slits it open.

FIGURE II

Figure 2.—The dissection is now commenced below the tumor being freed by blunt dissection where there is no pus within it. This freeing of the tumor is usually accomplished with comparative ease and rapidity.

FIGURE III

Figure 3.—Illustrates the further freeing of the tumor, the dissection being continued as much as possible with the handle of the scalpel.

FIGURE IV

Figure 4.—Showing manner of freeing cord along the inguinal canal. When the internal ring is reached the cord is to be ligated. Some prefer to separate the vessels of the cord and ligate them separately.

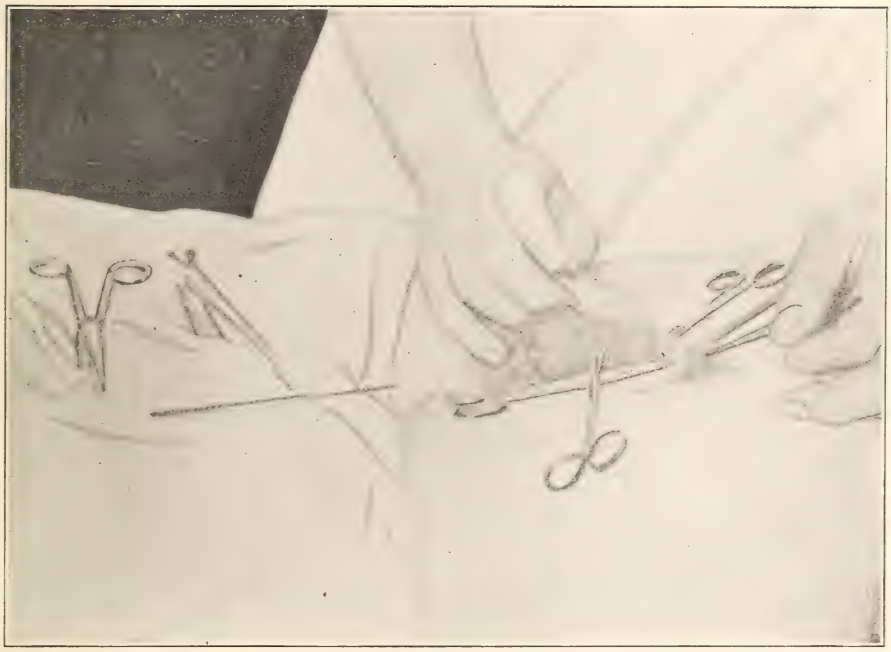

FIGURE V

Figure 5.—Ligation of the cord at the internal ring. This is performed by simply throwing a ligature about the cord and tying it so as to cut off the circulation. Some transfix before ligating and then ligate the sections of the cord—the inguinal wound and particular attention should be given to the accurate approximation of fascial layers so that hernia will not subsequently develop.

FIGURE VI

Fig. 6---Illustrating manner of exposing the cord at internal ring---a small opening is made, a grooved director somewhat bent is used to lift up the various layers overlying the cord so that these layers may be cut without endangering the cord.

FIGURE VII

Fig. 7—Illustrates manner of freeing cord at internal ring.

FIGURE VIII

Fig. 8—The cord is ligated and then cut through.

FIGURE IX

Fig. 9--The vessels of the cord may be temporarily clamped as illustrated and the cord cut through.

tion. This is particularly indicated where portions of the scrotal tissues are thickened and infiltrated, if the removal of such tissues can be accomplished in such a manner that subsequent healing will not interfere with the normal position of the remaining testicle.

The cord before it is severed in these operations may be ligated en masse with heavy plain catgut, or if the operator fear the plain gut the chromitized may be used. It is well to use the tendon rather than the gut sutures in closing the fascial layers.

(To be Continued.)

THE WORLD IS A LIFE

By Herman Gasser, M. D., Platteville, Wisconsin.

The world lives; unity of force is its living soul; the laws of truth the system of its physiology. These are not only extreme, but unusual and strange statements. It takes more than an ordinary amount of evidence to even cause a cloud of doubt in the established habit of man's present way of thought. The basis and foundation that mainly comes up for investigation, is the question: What is the unity of force?

Man's life is a unity of physiological system of function, by and through which it becomes possible for him to measure the relation he holds in nature. Science has traced the system of the world laws back to the unity of force, the whole of which is called the conservation of energy. This is the present state of science that ends in two extreme but opposite unities of force. In man it is a living unity of truth, in the world it is a physical unity of truth. It is this distinction between the dead and living unity of truth in which science like all mankind is stranded, can go no further, is impossible to make true expansive progress until it learns the truth of the meaning of unity of force, when it will begin to work on and by its light with incomparable speed, so productive as beyond all ideal hope.

Man's unity of life is the ideal personification that epitomizes the world's unity of force in miniature form of expression, and system of law links into one universal unity of relation. In man the unity ends in life that again ends in the unity of force as opposite extreme that is not life. This is the general case of distinct relation between them as, the difference by which it has become known and exists today is the real cause and foundation of two extreme methods of expression. Religion is one extreme, science the other. Each after its own special art strives to weld the link of system, neither quite succeeds, alike promote the general welfare for follow the trail with all honesty of motive, both have lately learned so much, begin to blend and weave into each other, it is no longer possible to tell where one really begins or ends, somehow dovetail so intimately in the system of relation, it only needs a true law that will flux and amalgamate these extreme factors into one, neither can tell or point out a shade of difference in the universal system of lawful world evidence so all equal, alike end truly scientific. Religion will be the universal science of truth; science the law of all truth that is the soul of both religion and science. The only problem that comes up for solution is: How does it become possible?

Life is the beginning and end. We cannot go beyond life, can only ask questions of what it is and means, and try to learn the answer. The most simple of all questions we can possibly ask, which is also the most important, is: Why do we live? How does it become possible to know why we live? By the evidence of our truth we know the

world is real, our life not even a question in dispute. The universal system is the unerring law of this truth that is known in our life as the end and beginning of all measure by which it becomes known. We can never get away from the unit of life, it is the real standard of measure in our command that must be always kept in sight, to which all is tuned as one truth.

Life is the unit that measures all systems in one unity of lawful truth; it can never be more than system, greater than law, is always the unity of truth as the unit of life in which no part is less or more. All ends equal, it is only a system of relation between the unit of life and the unity of world system of lawful truth. So long as man's liver, lungs and kidneys are a related unity of his system of life, we must continue to trust with all confidence to be true, until some one can show how live without any one part in the unity, for it would violate all known laws. This brings up the question: What does law mean?

If system of law ends in unity of truth measured in unit of life, then it equals the whole. As law ends in unity of truth that measures the system of all law as one unit of life there is a system of relation between law and truth; one ends where the other begins, while alike resolve to the same unity. Still truth is somethy more, is not only the unity of law system, but rises a step higher in the system of relation that ends in the unit of truth as measure of all law and system. We have three distinct factors in the equation still; system of law, unity, and truth, that blend so all as equal in one, it is not easy to make the shades of distinction clear in outline of their relation. Law ends in unity, truth measures the unity of law system. Unity is the equidistant factor that blends law and truth as opposite extremes of the same unity. These factors reduced to a still greater analysis in the system of relation equals: Truth is something more than law and unity, it is also the unit that measures the unity and law as related parts of one and same world unit as evidence of its being and meaning. Law, unity and truth is the system of evidence that equals the one world unit in the relation of which truth is the greater unity for not only measures the unity and law, also blends in relation with the one world unit. In this reduction we still have truth left as ladder that is the evidence of its own being as means to climb and trace our way nearer towards the unit of all truth. What is truth?

Before it becomes possible to know truth we must introduce the higher factor of feeling that is a related part of its composition; we feel truth. If we did not feel the lawful system of world unity of relation we would not know it. The nervous system is merely the instrument that gathers up the system by reacting on the forces of the world, and brain equilibrates with system into endless unity of lawful adjustment of related feelings bounded by pain and pleasure that guides and directs our conduct along least resistance of greatest ease or economy. The unity of feeling is the soul of the unity of force as an organized system of lawful feeling that becomes known in our life to be the living truth. If the unity of force is not the world's living soul, did not harmonize with the universal system of all established experience that gives up its store-house of unerring and never failing evidence, then there must be something more than life, soul and truth in the world, or all ends in annihilation. This is some measure of our confidence, the world is a living truth, and unity of force its body and soul, cannot deny, doubt or question, for it looks, works, acts and follows so the truth of honest feeling must trust until some one can

demonstrate how to get something out of nothing.

Feeling, however, is still only the unity of truth that measures the unity of force, before it becomes possible to feel feeling we must carry the analysis a step higher, for a system of relation still exists between the unity of feeling and the unit that feels the unity of its being that is the law and soul of living truth by feeling of life. Life is the word unit, the end and beginning that rules and guides all things, "is all in all" the end of philosophy, science and religion of true beginning as one light with same system of universal soul of truth. Life is the unit, we cannot go beyond life, it is the beginning and end; to ask: What is life? equals to ask: Who made the world? This equals to ask: Who made immortality? As the questions end in self annihilation, they answer themselves. While it all ends equal, completes the circuit of living truth, still it is not a vicious circle of "reasoning," is far from the end, merely the beginning that turns back the secret chambers of living truth without end to reveal the wonders of life so transcendently ideal, is the immortal book always open to read its story with never failing answer. If the system and law of the world is the soul of life, and truth the evidence, then life is limited to law of system. This naturally brings up the question that will be asked: How does this become possible? Why does the world live?

The answer to this is, the world is a living soul and the system of lawful evidence is the unity of its truth that is the means to journey on to a still higher law of the world truth we can here only give a brief synopsis. The world's unity of force is limited to its unity, is a limited equilibrium of power or work with limits of tolerance in endless system of universal equilibration by law of a atomic weight that measures the relation of work as a unity of economy. Among stars call it law of gravitation, in chemistry the atomic theory, are related parts of the greater law of atomic weight that interprets the weakness of each and makes both more complete in the law of atomic weight that is not all complete, for organized system of soul plays an involved part in its composition in its real solution. Nevertheless it holds true everywhere. The world is limited to life, the unity of force is the body and soul that is a limited system of living truth by expression of feeling as true law of economy that can only be directed and followed by life. When all ends equal in one truth of life that no one questions, can never be more or less, is without limit, end or beginning, it must be an immortal truth of the world else could not and would not be true. The world must be a unity of soul limited to life that rules by law, guides all power with system of unerring soul of life or truth, comprehensively expressed in the simple word—God.

To say "mind is not the truth of matter," "physics not psychics," equals to say there are two truths, two systems, two laws, clearly distinct from each other, but being short of one world ends in "logical" annihilation. Mind not the truth of matter is so an immaterial soul, to complete its philosophy burns up the matter of world truth to be sure wipe ou the evidence, and is a destructive economy. Matter all, is the opposite extreme, begins dead and ends dead matter. As the world will not burn, law and system perish, soul of truth continue on in the same unerring way, it is more than the probability of a guess that both will eventually resolve to conserve their extremely wasteful and destructive system of economy.

In the pamphlet on "Law of Atomic Weight and Law of Gravitation," issued last fall, the purpose of which was mostly confined to illustrate the idea

and meaning of the general principle of these laws with relation to the system of world physics, said:

"In summarizing the whole, of which this is only a special and small part of the system of evidence, we find that the limited world unity or equilibrium of creative work, is the law of world truth, that reveals and unfolds with system in unity of relation all the physical laws of the world we know, explains why parts therein. The atomic theory is the law of atomic weight or work that is the general principle and system of world organization; the law of gravitation a related part of the law of atomic weight; the conservation of energy a demonstration the world is a limited unity for conservation means limit; persistence of force is the law of continued conservation; the unity of force is the working system of living truth, the Life of all the world, the ever-present Life. All laws are related truths, because truth is the Life of all laws. The whole converges into one Life that rules and guides all; is an unerring, lawful and scientifically demonstrable reality.

"If the world was an unlimited work, it would be one general system, in which special systems would be impossible, life and truth unknown; indeed, this idea is outside the range of conception. If the world had limits or bounds, it would have to be supported by a still greater world and violate every known law of its being, the truths which we must relv on and trust with all confidence. If limits or bounds, it would have a centre, be a special unit, that again means, not a single thing could be born therein, a unity of living truth could not live or exist, for the entire system of economy would work from periphery to center as all, we again know is not true. The world a limited unity or equilibrium of endless work, "the center of which is everywhere, its bounds nowhere," it is a living system of creative working truth that reveals and explains the endless webb of all known experience with universal system of lawful truth in endless relations. There is a system of likeness among stars, like among men, and all things else, the variations of which are always within the special limits of tolerance in its system of limited living truth, the law of which is Life.

"These laws of living world truth reveal a greater world than we ever knew; through these eyes we can look to depths of ideal atoms and find they are worlds, active living worlds with their atoms, and these atoms worlds with atoms that are worlds; so on without end go out as far as down into the ideal world we know, that has starry worlds for atoms, to worlds beyond of which this known world is but an atom of lawful system equally without end, for down and out it alike fades into infinity; still all we know, and feel, and see, is truth; the world is no larger than truth. This ideal vision of world size and proportion, measured by these dizzy heights and depths, is not so wonderful; it is always, everywhere, and forever the same world truth. It is the truth of the world that is so overwhelmingly a stupendous and infinite a light, this wild stretch of world size is only a fragment, an atom of its reality; no more than a faint illustration of the endless possibilities man can win and live, and still it is never more than truth—truth is the world. How great is the Light of Living World Truth!"

The following is said to be valuable in diphtheria:

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Specific phytolacca.....gtts. xv.
Specific baptisia .....gtts. xxx.
Specific aconite.....gtts. v.
Aqua .....ʒ iv.

M. Sig. Dose one teaspoonful every two or three hours. Dr. J. A. Burnett

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 107 Mar Recorder)

We have another way to obtain the X-ray that is of interest, although it has never obtained much practical use. If we take an alternating current of, say sixty cycles and increase the E M F we will find that when we attain an electro-motive force of fifteen thousand volts, that we have sufficient energy to charge a suitably constructive condenser. If the internal layers of this condenser are charged by means of this current a spark will pass between each side.

This is a disruptive spark and gives rise to oscillation in the outer layers of the condenser. These currents are known as D'Arsonval high frequency or "B" current. If we allow this current to discharge through its solenoid, helieoidal or spiral coil of large capacity induction is excited, which hinders, impedes or retards the speed with which the current passes through one of the outer condensers, causing a series of surges or waves to travel back and forth in the wire. If we attach to this coil or tap or shunt and place our patient within this hunt we have the body to act as a condenser, and the oscillations are so rapid that it is called high frequency. The alternating phenomenon is different from that observed at a low period. Where we have an even period, with rythmical changes or polarity and volume, the potential shifts to different parts of the body. With the D'Arsonval current the frequency and volume are irregular, due to the distance of prime electrodes from each other, and the sizes of the condenser as well as the coils of the spiral that may have been tapped with the shunt. When a condenser is fully charged the surrounding medium is polarized and under a terriffic strain and when it is allowed to spark across suitable terminals, we have a pilot spark of terrific speed and energy, the conducting medium between the prime conductors are completely polarized and driven apart, the atmospheric molecules are polarized between the gap and a vacuum is created in the path of the spark. The effort of nature's laws to establish a state of equilibrium gives rise to a series of reverse potentials, that are imparted to each side of the condenser which cause oscillations to take place between the prime conductors; each becoming more feeble than the preceding one until a state of rest is established. These oscillations have been photographed upon a rapidly revolving wheel and are known to exceed one million per second. While this phenomenon is taking place between the prime conductors, the reverse side of the condenser is sending through the shunt or spiral a series of surges just the reverse of that noticed before, and this is the current that we use for therapeutic purposes. By charging the condensers rapidly, we can keep the volume up to the great value. A curious phenomenon is noted with this current; the conductors in the ordinary sense of the term, seem to resist this form of electricity, and at the best it only seems to travel upon the surface of the large conductor, but insulators seem to offer little or no obstruction to the penetration of the current, it being possible to pass this current through four inches of solid glass, if it is insulated around the plates by turpentine to prevent the current from flowing over the sides. If we tap the solenoid with one wire we may carry it to almost any distance, and we will find

the surging present and like sound, we will find that the wire has nodes that vary according to the frequency. In the construction of apparatus this point must be kept well in mind and the node calculated so that it will come at the terminal electrode in order to get the greatest therapeutic effect. This

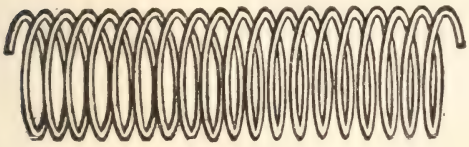


FIGURE I

Solenoid or Helicoidal Coil.

can be varied within wide limits by varying the size of condenser and the length of the spark and the volume of the exciting current. It is possible to construct this kind of apparatus so that it can be run in periods by paying proper attention to synchronizing the condensers. There are many different methods of constructing this form of apparatus and each form gives a different result. Nikla Tesla adopted a form of a central solenoid of fine wire surrounded by a coil of very large wire as a primary, and he found that the surges through the primary wire caused a rotation of the polarized particles in the surrounding medium, which cutting through the turns of the secondary coil developed a high frequency current. The small types of this form have been used in medicine, but so many difficulties were found to completely insulate the primary from the secondary, that eventually the form developed by Oudin and improved by Alfred Dean of London has survived the experimental stage and is adopted by physicians as a reliable source of energy and a valuable therapeutic current. This apparatus consists of a horizontal drum of wood around the lower end for eight inches; an open solenoid of copper wire of No. 6 B & S gauge tightly wound. The end of the large coil is continued by a coil of fine wire No. 22 B & S upwards on the drum for a distance of 24 inches and the terminal brought out on the top to connect to the electrode. Two Leyden jar condensers are mounted in the base and a suitable arrangement to tap the layers of the large coils, controls the frequency and volume. An adjustable spark gap completes the apparatus. It may be excited by any large step-up transformer, static machine or X-ray coil.

These coils have been constructed in such a way that an entire room has been converted into an apparatus by winding eight layers of No. O. B. & S. wire around the outside of the room and continuing the solenoid with fine wire to the ceiling. The entire room is subjected to a turmoil from the oscillations that take place from the reverse polarity in the neighborhood of the coil or a secondary may be placed at any point in the room by adjusting the condenser so as to throw it in resonance with the oscillation of the primary; it may be used for experiment or treatment.

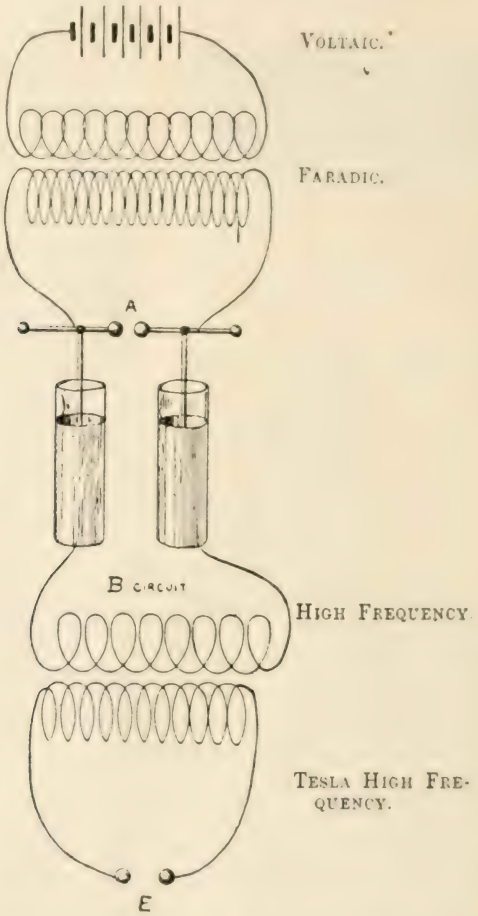
FIGURE II

Spiral.

Many spectacular effects are noticed with this form of apparatus when charged with the step-up transformer. No sensation is experienced when in contact with the apparatus owing to its high electromotive force and period of oscillation rendering the body a good

conductor. If a break occurs, however, a beautiful effluvia will spring from the apparatus and surround the body like a halo, making a grand, sublime spectacle in a darkened room. If the experimenter grasps a string of incandescent lamps they will come up to full candle power with no sensation to the holder, energy enough passing through the body to cause death instantly if stepped down to a low voltage and period. If a secondary coil is made from a drum shell the effect may be studied in the physical field.

A strip of tin inserted in the center of this solenoid will explode with a loud report; steel is brought incandescent in a fraction of a minute and will run like water. Explosives of all kinds are detonated; motors may be synchronized with the apparatus; other apparatus may be turned to respond in unison with it and and has been found practical to transmit energy great distances from the exciting apparatus. Practically one horse power has been transmitted three quarters of a mile with the loss of only four per cent. by Nikla Tesla. It is a wonderful sight to see this puny man draw a thunder-



At the parts marked *E* the wires may be connected to the patient.

FIGURE III

bolt sixty-eight feet long from his transformer of such a high period that the very nitrogen of the air is destroyed, liberating enormous quantities of nitrous products. Walking unconcernedly around his laboratory of nature's mysteries as though he bore a charmed life, this wizard maintains that the disturbance of his transformer passed completely around the world in four seconds, and may again be detected in his laboratory. Many of his experiments would seem to prove his conclusions.

It seems a pardox that human life can resist this turmoil where metals are instantly destroyed. Still it is perfectly safe to place your head into any of these drums, as the body has the ability to act as a condenser generating a counter electromotive force that prevents its instant destruction. This factor is a valuable one in high frequency treatment as the body is a highly charged condenser that responds to each oscillation of the excited current. Apparently the current has its selective action upon nerves and a peculiar phenomenon is noticed by all experimenters after a prolonged

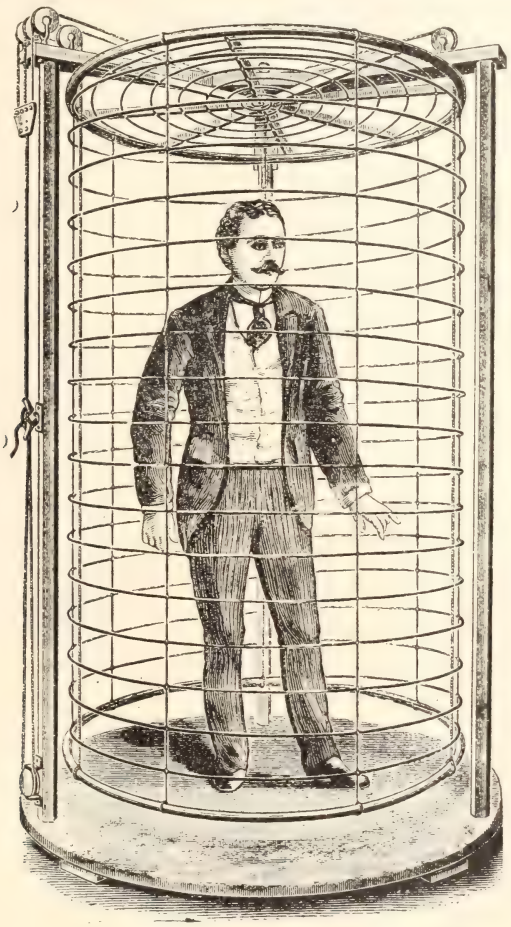


FIGURE IV

Resonator or Combined Spiral and Solenoid.

seance with this form of energy. Extreme lassitude is noticed with a pronounced anesthesia of all peripheral nerves and frequently an overpowering desire to sleep is noticed. Considerable speculation has been caused among the operators as to the ultimate results regarding life, if the current was used without caution. The intense violet light emitted from vacuum electrodes and the nitrous products liberated from the air has made it a valuable current to use for skin affections as bacteria are rapidly destroyed, if within the sphere of influence of the active field. Distinct nutritive and sedative effect is noted upon nerve tissue when subjected to this form of motion and its persistent use will cure many forms of degenerating neuritis where all forms of treatment have been found wanting.

It has been much used for acne upon the face of young people and with great success. It may be depended upon to stimulate many obstinate chronic ulcers and has attained considerable success in insomnia. Repeatedly, reports have been made in different parts of the world regarding its value in tuberculosis, but generally it has been disappointing, being much inferior to the X-ray in this disease. A great deal is possible, however, in this form of energy by using as a source of energy the commercial alternating current. By using large quantities of current in the primary, phenomena are excited that careful investigation may find beneficial in many so-called incurable diseases. It is not generally known that this step-up process may be continued a number of times by charging different sets of condensers and using their oscillation to excite other coils. It has been carried so far that the oscillations in the surrounding medium gives a wonderful florescence showing that the alternating turmoil has approached the period that the human eye detects as light. No one who has not witnessed this unearthly glow brought up out of utter darkness, can appreciate the splendor and sublime effect of a light, that seems to come from nowhere, and goes nowhere, the utter absence of shadows making an ugly demoniac face of an ill-favored human being; take on a splendor that transforms it into a grandeur never before seen on earth. Light radiates from everything; it is everywhere; color softens down and blends with the surrounding objects and when the vision fades the spectator must feel like a lost soul when the gates of Heaven close and leave him in utter darkness. I never expect in all my life to see a more sublime or awe-inspiring vision than was produced by these transformers when run in series and I cannot help thinking that if money were available to develop this work thoroughly medicinal qualities would be found, undreamed of by the ordinary mortal.

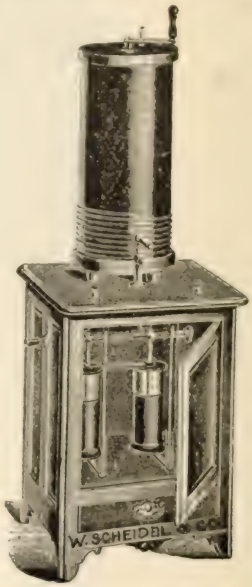


FIGURE V

Sheidel's Ouden Resonator.

This phenomenon was produced by stepping up the current through three transformers.

(To be Continued.)

SPINAL IRRITATION

By Eli G. Jones, M. D., New Brunswick, N. J.

I have a case book in which I have kept a record of chronic diseases that have been under my treatment for the past twenty years. It contains the name, age, history of the case and its treatment. In that book are the names of patients from every state and territory of the United States. No doubt it would be intersting reading for the average practitioner for it has the record of a great variety of cases. I find there a record of some fifty cases of spinal irritation where the symptoms were well marked and the cases were treated successfully. It seems to be a disease condition not well understood by the profession for all these fifty cases had tried other physicians and failed to get relief. In about every case the attending physician failed to locate the trouble.

A lady had been an invalid for several years, and had been under treatment by different doctors. She had been treated for neuralgia, rheumatism, dyspepsia, uterine trouble, kidney disease, and every thing but what she really had. Upon my first visit to the patient I found here sitting in a rocking chair which she kept constantly in motion, as her family told me that she had so much pain. She could not sleep in a bed, but had occupied that rocking chair for about a year. She could hardly stop rocking long enough for me to feel of her pulse, but while I was doing that I kept up a lot of thinking, found pulse weak and rapid. Passing my hand carefully down the whole length of the spine I found several tender spots. She complained of a pain that began at the base of the brain and passed over to the forehead, had heat in the palms of her hands, tingling in the ends of her toes. The above symptoms give us a plain case of spinal irritation. Many physicians might practice a lifetime and never see a case just like this one. The other doctors had been treating her for the effects while they never found the cause. If there is a disease of the spine all the internal organs will be effected more or less through sympathy.

This is one of those cases when you cure them it helps to establish your reputation in any town and there is always a satisfaction in being able to "do things" that some one else can't. I made up my mind that I could cure the lady and told her so. I gave her tr. belladonna, 2 drops once in 3 hours, in teaspoonful of water to relieve the nervous irritation of the spinal nerves. She had tr. iodine painted on the whole length of her spine, a strip about as wide as my two fingers, this to be done until the back got quite sore so she could not bear it any more, then dropped it. For a tonic I gave her cinchona sulphate, 2 grains before breakfast, and 20 drops of dialyzed iron before dinner and supper. For the constipation, she had

℞

Fld. ext. cascara.
Glycerine, aa.....ʒi.

M. Sig.: One teaspoonful at bedtime.

In a week's time when I called on her there was a decided change for the better, she could sleep in a bed and get a few hours' rest at night, bowels regular, appetite better and general condition much improved. I only attended her a month when she was so much better that I considered her nearly well. Several years have passed and there has been no return of the trouble but the neighbors often speak of the lady I cured who "lived" in her rocking chair." The above has been my main treatment for spinal irritation. Of course some cases were complicated with other troubles which had to be treated at the same time, but in the end I effected a cure of all the cases.

PRACTICAL SUGGESTIONS

By W. T. Marrs, M. D., Jewett, Ill.

There is very little regal splendor associated with the practice of medicine so far as concerns the general practitioner of either city or country. The average medical journal does not reflect the profession as it really is. Reports of skillful laparotomies, astute diagnoses, rare pathologic studies, and new discoveries along the line of chemical research are all good in their way. As a matter of fact, however, very few general practitioners have the time, money and inclination to equip themselves so as to acquire the higher embellishments of a medical education. That the average doctor is painfully indifferent in the matter of keeping abreast the profession is a well known fact. I know of doctors who do not take a medical journal. Others have on their tables journals whose wrappers have not been removed.

Why is this thus? It is, of course, mainly due to slipshod methods on the part of the doctor, for every journal contains at least a few "meaty" articles and useful hints. However, if more journals were made really helpful, freed of padding, and made to contain practical topics well "boiled down," they would exert a greater influence. Medical matters touching the welfare and happines of the masses should receive more attention than they do. The medical and lay press, with concerted and well-laid plans, could succeed in a year or so in establishing a home for consumptives in every state. The increase of "the great white plague" with its burden and its menace to the state and society emphasizes the need of such institutions.

Then, too, the human side, or the "heart" side, if you please, deserves a place in our journalism. The sunshine and shadows, the poetry and the heartaches should not be omitted. Yes, fiction, too, should have a legitimate place. In the future the "medical story" will not be so much an anomaly as it now is.

It was not my purpose at the outset of this article to pose as a "knocker." Far be my intentions from that. But if we could get genuine, heartfelt—I am not a Methodist—articles from active members of the profession how helpful they would be! Even reports of failures would benefit us more than those of so many brilliant achievements. But, alas, it is the human nature (or conceit?) in us that makes us refrain from the mention of our mistakes. "It is hard to kick against the pricks."

Lest I be accused of not practicing what I preach I will, in an article in the near future, relate a few adverse circumstances, in which I have played a role not calculated to win great applause. Suffice it for the present for me to append these pertinent queries. They are addressed to you:

Did you ever give a favorable prognosis and return the next day to find arrangements making for a funeral?

On the other hand did you ever give a grave prognosis over Johnnie's case and return in the morning to find the little scamp up and making faces at you?

Haven't you left a case of labor where you thought a rigid os would not yield for so many hours, only to be apprised by a messenger soon after that it is "all over?"

Did you ever turn a deaf ear to the patient's tale of idiosyncrasy to quinine and give him a dose which nearly choked him to death with hives?

Did you ever attempt to extract a tooth when the face was swollen to twice its natural size and "pry up" a slug of alveolar process, and perhaps two or three teeth with it?

Did you ever—but just take the matter home to yourself and try to profit by introspection.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

PRACTICE IN PERSIA

General practice in Persia is mostly in the summer when the practitioners have a busy time, while in winter we have little to do, as the prevailing diseases which come from cold as bronchitis, pneumonia and all such diseases receive home treatment. When a patient gets sick during this period with any of the above diseases, he is allowed to eat anything his people give him or his friends may bring, and there are no restrictions as to diet. If patient is suffering from indigestion or gastric catarrh, he is allowed to eat all kinds of hard food or meat and sour food.

In regard to medical treatment very little is done, because the belief is that God gives disease, and he will take it away. They have him tied down and give him any kind of food he wishes.

Some think it correct to go to a Dervish and have him write a few prescriptions, which are sewed on his garments. If the patient sweats during the first seven days he is not very sick, but if he does not sweat, then they await the fourteenth day, and if he does not sweat in that time he is dangerously sick and their hopes are gone, and they have a family consultation in regard to getting a doctor. Many go to a Dervish and look in his book to see whether calling a doctor is advisable; this book is something like a fortune teller. If not favorable the patient is scared very badly and this makes him sick. I omitted to say that if patient does not sweat in fifteen days they secure an ox skin and put the patient in this, and by taking hold of the edges, they give him a good shaking up and down and backward and forward until he sweats, and should first shaking not produce sweat he must go through this ordeal as many as seven times. So you can see what little chance the patient has to recover. Another treatment among the most ignorant is to give the patient a good rubbing with the cow's manure.

Dr. Shimoon K. Gewergez.
Maragah, Persia.

THE TWENTY MOST USEFUL REMEDIES

Most physicians do most of their practice with but a few remedies and it is interesting to know what prominent physicians consider to be the most useful. I wrote to several physicians and asked the question:

"If you were limited to twenty remedies what would be your selection, i. e., what twenty remedies do you consider to be the most useful in the practice of medicine? If any are compounds please give formulas."

The following answers were received which are very interesting and instructive. The exact number asked for was not given by all.

John G. Cecil, B. S., M. D., Professor of Materia Medica, Therapeutics and Public Hygiene, University of Louisville, Medical Department, gave his list as follows:

Quinine, strychnine, morphine, atropine, chloral, sodium bromide, sodium phosphate, sodium salicylate, potassium iodide, arsenious acid, corrosive sublimate, calomel, fluid extract ergot, phosphoric acid, cocaine, chloroform, infusion digitalis, fluid extract ipecac, castor oil, magnesium sulphate, tincture chloride of iron.

W. Simon, Ph. D., M. D., Professor

of Chemistry and Toxicology, College of Physicians and Surgeons, Baltimore, Professor of Chemistry in Maryland College of Pharmacy, Author of A Manual of Chemistry, said:

"Complying with your request I send you a list of twenty medicinal agents which would enable the practitioner to get along in nearly all cases especially if he should avail himself also of such household articles as baking soda, olive oil, ammonia water, whiskey, alum and glycerine which are found in nearly every house."

His list was as follows:

Opium, quinine, strychnine, mercuric chloride, mercurious chloride, salicylate of soda, iodine, potassium bromide, potassium chloride, ipecac, digitaline, aloin, atropine, sulphuric ether, magnesium sulphate, ferric chloride, phenacetin, pilocarpine, carbolic acid and ergot.

Dr. J. H. Musser, Professor of Clinical Medicine, University of Pennsylvania, Author of A Practical Treatise on Medical Diagnosis, President of the American Medical Association, said:

If I were limited to twenty remedies they would be mercury and its compounds, iodine and its preparations, alkalies, acids, the salicylates, opium, bismuth, digitalis, ergot, rhubarb, creosote, nitro-glycerine, peruvian bark, nux vomica, the bromides, iron, ipecac, silver salts, hyoscyamus and preparations, and belladonna.

Dr. A. B. Hughes, Professor of Materia Medica and Therapeutics Keokuk Medical College, gave his list as follows:

Strychnine, opium and derivatives, quinine, digitalis, belladonna, iodides, bromides, calomel, ipecac, terpin hydrate, veratrum viride, bismuth subnitrate, tannin, tincture chloride of iron, cocaine, ammonium chloride, apomorphia, silver nitrate, chloroform.

Frank Billings, M. S., M. D., Dean of the Faculty and Professor of Medicine, Rush Medical College, said:

I do not probably use twenty remedies altogether in my practice but I do use that number of drugs counting the compounds.

I think the following drugs and their compounds would fully cover all of the medicines which I ordinarily use:

Quinine sulphate, digitalis tincture and infusion, iron tincture and reduced iron, sodium chloride, phosphate and bicarbonate, potassium iodide and bromide, mercury ointment, corrosive chloride and calomel, salicylic acid and its compounds with soda and carbolic acid, rhubarb, nux vomica and strychnine sulphate, bismuth subnitrate, nitro-glycerine and nitrate of soda, belladonna tincture and atropine, opium tincture, morphine and codeine.

Dr. H. A. Kinnaman, Professor of Diseases of Children, Keokuk Medical College, said:

I think I could get along with the following and have some to spare: opium some form, aconite, aromatic spirits of ammonia, bismuth subnitrate, calomel, strychnine, digitalis, quinine, chloroform, cocaine, bromide of potash, chloral, salicylate of soda, oil of cinnamon, apomorphia, sugar of milk, cit. caffein, soda bicarbonate, acetanilid.

Dr. Sidney J. Meyers, Professor of Medicine, Clinical Medicine and Hygiene, Louisville Medical College, said:

Your letter is rather hard to answer as my opinion may not be held by others.

His list was as follows:

Calomel, castor oil, quinine, strychnine, iron, opium, kali iodide, chloroform, ether, antitoxin (diphtheric), bismuth, camphor, cocaine, digitalis, ergot, ipecac, oil of turpentine, sodium salicylate, ammonium salts, magnesium sulphate.

Dr. J. C. Wilson, Professor of Practice of Medicine and Clinical Medicine, Jefferson Medical College, Au-

thor of Clinical Charts, Fever Nursing, The Complete Medical Pocket Formulary, Editor of the American Text Book of Applied Therapeutics, said:

If you mean drug remedies I submit the following list. Fortunately I am not limited to these in my choice.

His list is:

Arsenic, asafoetida, belladonna, atropine, bismuth, camphor, cascara sagrada, cocaine, coal tar derivatives, creosote, guaiacol, digitalis, hyoscine, ichthyol, iodine and the iodides, mercury and its salts, opium and its derivatives, phosphorus, lecithin, pilocarpin, quinine, salicyn and the salicylates, nux vomica, strychnine.

John M. Dodson, A. M., M. D., Dean of Students, Professor of Medicine, Rush Medical College, said:

It is rather difficult to give a very positive answer to your inquiry in reference to the twenty remedies which one would select if he were restricted to these. I suppose you mean remedies for internal administration and without having given a large amount of thought to the matter I would make a selection as follows:

Quinine sulphate, opium, potassium iodide, calomel, sulphate of strychnine, salol, sodium bicarbonate, digitaline, atropine sulphate, hydrobromate, castor oil, magnesium sulphate, powdered ipecac, tincture aconite, sodium bromide, fluid extract ergot, trional, bismuth subnitrate, guaiacol carbonate, and phenacetin.

Dr. Wm. E. Quine, Dean and Professor of Medicine and Clinical Medicine, The College of Physicians & Surgeons, University of Illinois, gave his list as follows:

Morphine, quinine, digitalis, mercury, iodide of potassium, epsom salts, carbonate of ammonium, strychnia, iron, arsenic, chloroform, atropine, ergot, salicylate of sodium, bromide of sodium, urotropin, diphtheric antitoxin, citrate of potassium, adrenalin and phenacetin.

James W. Holland, Dean and Professor of Medical Chemistry and Toxicology, Jefferson Medical College, said:

My twenty best remedies would be:

Quinine, opium, calomel, corrosive sublimate, potassium iodide, chloroform, chloral, carbolic acid, salicylates, arsenic salts, iron sulphate, bismuth salts, zinc oxide, lead acetate, iodoform, zinc salts, belladonna and atropine, sulphur and iodine. Of course I mean the preparations of these official in the U. S. Pharmocopeia.

Dr. J. R. Maxwell, Professor of Diseases of the Rectum and Assistant to the Chair of Surgery, Keokuk Medical College, said:

I hardly know what kind of an answer to send vou. Below I give you a list of the remedies I most frequently use. They are as follows:

Potassium permanganate, picric acid, Monsel's solution, Dover's powder, salol, calomel, strychnine, acetanilid, salicylate of soda, morphine, heroin, a heart stimulant compound, Akin's tonic compound, diuretic compound, saline solution, some good digestant, a laxative as cascara compound (Hinkles), uterine sedative.

The diuretic compound which was mentioned is made as follows:

℞ Digitalis powder, one grain; potassium nitrate, two grains; extract of buchu, one-half grain; extract scorpanis, one-half grain; oil of juniper, one drop.

The saline solution which is mentioned used in atonic dyspepsia and is made as follows:

℞ Sodium sulphate, magnesium sulphate, each two ounces; aqua fifteen ounces, mix and then add aromatic sulphuric acid and Fowler's solution, each four drachms. Sig. Dose one teaspoonful in half a glass of water before eating.

The formula of the uterine sedative is:

℞ Extract valerian, one grain; extract sumbul, one grain; asafoetida, one grain. This is one dose to be taken with hot water. It is used extensively by Dr. Maxwell in dysmenorrhœa.

Dr. Maxwell also stated that he used the following extensively in tonsillitis:

℞ Tinct. aconite, one-fifth drop; red iodide of mercury, one-hundredth grain; tinct. belladonna, one-tenth drop and tincture of bryonia one-tenth drop.

Over 80 remedies were mentioned by the twelve physicians. Mercury in some form and opium or its alkaloids were each mentioned twelve times. Strychnine or nux vomica and quinine or peruvian bark were each mentioned eleven times. Digitalis or digitaline was mentioned ten times. Atropine or belladonna was mentioned nine times. Bismuth and iron in some form were each mentioned eight times. Sodium salicylate, potassium iodide, ergot, chloroform and ipecac were each mentioned six times. Cocaine and magnesium sulphate were each mentioned five times. The rest of the remedies were mentioned from one to four times.

J. A. Burnett, M. D.
Memphis, Tenn.

POVERTY AND SCARLET FEVER

It has long been a wonder to me that no more is said in medical literature about poverty as a cause of disease and death. Some weeks ago the writer was called out to a plough camp on a big California ranch. In a small house an Italian woman with four children cooked for some thirty farm hands who slept in the barn. Two of the children, aged 3 and 4 years, were down with scarlet fever. This disease in an epidemic two years before was very malignant and deadly and prospects looked bad for the four children. Of course the Italian family vacated the plough camp removing next day to their little home near town and they were hardly there when the two other children were taken down. Then the mother became practically insane and worse than useless as a helper. The father for a while did fairly well. The house was, of course, placed under quarantine and a telegram sent to San Francisco 150 miles away for a trained nurse, who arrived by the next train from the city. With the noisy, frantic, semi-insane mother and the four sick children this nurse labored heroicly for three days and nights without sleep. It was an absolute impossibility for her to give the medicne as directed, for the children ranged in age 1 1-2, 3, 4 and 5 years and conveniences were the poorest. The writer made a strong plea to the county authorities to furnish another nurse who on the fourth or fifth day arrived.

Now the house was overcrowded. Conflict began between the Italian and his half-crazed wife and the trained nurses, who tried to establish some order in the chaotic situation.

The nurses could not live upon the food eaten by the Italians and even a private sleeping room for them was out of the question.

The day after the arrival of the second nurse two of the children, the boy of 3 years and the girl of 5 years died. For another week the nurses endured the situation. The Italian woman would talk of killing herself and the man at times would become enraged at the nurses and put them out of the house after which the writer would patch up peace and prevail on the nurses to remain longer.

The boy of 1 1-2 years now with care could have been saved. The boy of 4 years after several days of meningitis, was improving.

The man was becoming unsafe and the writer feared he might do the nurs-

es bodily harm so he was compelled to dismiss them although they were willing for the sake of the sick children still to face the music.

They left and in a few days the baby of 1 1-2 years died. The mother after the nurses left came to herself and did very well. The boy of four, speechless, with one arm paralyzed, lives. He has overcome two cervical and one joint abscess. With ample assistance, roomy apartments, exclusion of parents, probably but one of these four cases would have proved fatal.

The girl of five years because of a defective heart manifested marked dyspnoea during the first hours of her sickness. Fevers ran very high and were subject to marked fluctuations. Necks swelled quickly from the first and the kidneys showed early involvment. A doctor in a neghboring town who for the first time encountered our local scarlet fever, remarked that for him it was a walk over, in less than a week he pronounced recovery but much to his surprise the child under his treatment died on the following day. His record had been 17 cases and not a death up to this malignant case. Cases like these are as good as lost unless bowels, kindeys and skin can be made to act (eliminate) profusely the first day.

Poverty means poor nursing, poor conveniences and often poor health previous to the fever we are compelled to handle at a disadvantage.

Then it may be next to impossible even when we get nurses to compel the ignorant relatives to keep hands off, as in this case.

On several occasions I have treated scarlet fever in well-to-do families where somehow it never seemed to go so hard. Perhaps the difference is from the fact that amid poverty and its filth we get a mixed infection.

C. E. Boynton, B. S., M. D.
Los Banos, Cal.

PRURITUS

Dr. F. W. Hovorka, of Silbey Lake, Minn., in the February Medical World describes a pruritus and asks the editor for treatmeint. He gives the only description of the disease that I have yet seen in print. While his description will not agree in detail with mine, it is sufficient for a diagnosis. I have recorded more than two hundred cases of this strange malady, and I will venture to say that I have seen about one thousand cases during the past two years. I have traced the origin of the two hundred cases treated and can say for a certainty that it is contagious. If one member of a household gets it it will go through the family. The period of incubation is from one to two weeks. It made its insidious approach in the western part of my territory and has slowly and surely moved eastward taking everything before it. I will link part of my description with that of Dr. Hovorka's. "The regions mostly affected are the trunk, back, flexor surface of the arms, forearms, legs and thighs." The patient's attention is called by the most intense burning, itching, a feeling as though you could tear the muscles off. The more you scratch, the more fiery and intense is the itching. The eruption makes its appearance immediately after the scratching—about forty seconds afterwards. The papules are firm, oval, raised, discrete, usually one-half the size of a French pea. There may be five on a single arm or there may be a hundred. After severe scratching the apex of the papule is torn so that serum oozes which afterwards appears hemorrhagic, giving it the appearance of papular eczema. Eczema and erythema simplex may exist with it. During quiescence the papules except from the hemorrhagic speck are invisible. Hands and face always remain clear of the eruption. The skin shows a tendency to be dry. At times through

the day and always upon going to bed the itching and restlessness commence. If it goes untreated the duration is from one to eight months. Under my present treatment it is relieved at once and is cured in from three days to two weeks. The disease is not papular eczema for it never weeps unless the derma is torn from the apex of the papule and eczema when existing with it yields to eczema treatments while the pruritic papule remains undisturbed. It is not pruritus hiemalis, a cold weather malady; but differs from it in that it is worse during the summer months and has a longer duration and a contagious character. The papules do not become vesico-pustular, have no yellowish crusts, and do not exist upon hands and scalp as in impetigo contagiosa.

In the treatment of this malady I exhausted all of the antipruritic agents known. I have cauterized an affected surface with pure liquid carbolic acid repeatedly, have painted with iodine, used a hundred per cent ointment of ammoniated mercury, used oil of cade, arsenic, washed with chloroform, used salicylic acid ointment until the skin peeled off, have used various systemic treatments, all without satisfactory results. I have prescribed as often as sixteen times for one of these patients. Those who are wise will profit by my experience. My latest treatment consists in having patient change underclothing and bed clothing as often as possible to avoid reinfection.

℞ Mentholis purae.....gr. l.
Acidi salicylatis.....gr. xl.
Lanum.....ʒii.
Adipis benzoinatis.....ʒi.
Olei olivi.....ʒiss.

Sig. Apply night and morning bathing the parts off once a day without much friction.

In fair and tender skins the amount of menthol can be lessened, but in brunettes and other thick skin types the amount of menthol can be doubled or trebled. Next to the menthol I have found camphorated oil a good local application. If there is any intertrigo or acute eczema present, it must be cured before you can apply the menthol. Unless patient's system demands it all systemic treatment will be nil. W. Stuart Leech, M. D.
Brooten, Minn.

A WORD FOR MYSELF

An M. D. who publishes a "medical journal" for the laity—circulation 50,000—writes to me: "I am doing more of what I believe to be good in the world in one day than you, in your solitude, can do in your lifetime."

Let us see. For a longer time than this doctor has been editing his pseudo medical journal I have been contributing to medical journals. All together I write more in a month than he writes editorially and the journals I contribute to go to more physicians than his journal goes to laymen. If the matter he writes is meritorious it is presented to an audience that can understand it about as well as a boy of ten years can understand Maclaunn's Theorem on page 65 of Williamson's Differential Calculus. It is several years since I went over this and I confess I am a little rusty on it myself.

If any man on earth is speaking to the solitudes it is the physician who is writing to an audience that "study medicine" off and on with, in most cases, no college preparation, no plan of study, no dissecting rooms or laboratories, but mostly a lot of proprietary coined names, testimonials, promises that "it will never fail" and broadcast condemnation of doctors generally. Nearly every day I write an article for some medical journal and if that eminent "doctor" will look over the journals of the last ten years he will find them. C. E. Boynton, M. D.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

STUDIES IN ASEPSIS.

In a paper in the Annals of Surgery, Harrington of Boston, gives interesting results of some of his studies on asepsis. He placed a petri dish on an instrument table during an operation for hernia. At the close of the operation the incubation demonstrated that upon each square inch of the dish no less than 120 organisms, chiefly pus cocci, were deposited from the air in the course of an hour. The same amount of infectious material must have fallen on the table and the instruments and presumably the field of operation. Sweat from well cleaned and, as far as possible, sterilized forearms and hands did not show a single instance of bacterial growth. Of greater importance is the danger of infection through saliva. His investigations confirmed those of which the Rundschau spoke some time ago. During ordinary speech there is a constant throwing out of minute drops of saliva a distance of several feet, loaded with bacteria, largely staphylococci, diplococci and streptococci. In one series of experiments the average number of organisms per droplet of saliva, as cast out in ordinary speech, proved to be no less than 4375. It is significant that in numerous exposures of the Petri dishes to the air of operating rooms the great majority of colonies produced have been of pyogenic organisms.

The author speaks of the sterilizing of dressings, towels, etc., and decries the solid packings of these dressings in any steam sterilizer, as it is absolutely necessary, that the steam should have free access to every possible part.

As to hand sterilization in surgical work the author has experimented with twenty-two preparations, including corrosive sublimate, 1 to 1,000, and finds that not one of them kills staphylococcus pyogenes aureus under two minutes and most of them require more than five minutes. Trying to find a preparation which would kill not in minutes, but in seconds, he has evolved a combination of various substances which in many trials has killed bacteria in about thirty seconds and is not irritable to the hands. It consists of:

Commercial alcohol (94 per cent)	640 c. c.
Hydrochloric acid	60 c. c.
Water	300 c. c.
Corrosive sublimate	o. 8 g.

The mixture contains 60 per cent absolute alcohol, 6 per cent commercial hydrochloric acid, and corrosive sublimate 1 to 1250.

PHYSIOLOGY OF DIGESTION.

In a small book entitled "The Work of the Digestive Glands," Professor Paulow of St. Petersburg, has given to the world a momentous contribution to physiological knowledge. His researches which extend over many years have been considered of such importance that recently one of the Nobel prizes has been awarded to him. In his lecture on the functions of the coecum and appendix, the value of which cannot be emphasized too much, Sir. Wm. Mac Ewen draws some of his strongest points from the book in question. Pawlow's observations show especially the importance which the individual element, the difference in the preparation of the food and the form in which it is consumed have upon the digestibility of the food and how wonderful-

ly the reaction of the various digestive glands varies and adapts itself not only to different foods, but to different forms of the same food. An example is furnished by the salivary glands. It is said that the mouth of animals waters, when particularly pleasing food is offered. But practicaly no saliva appears in the mouth of the dog during the eating of raw meat, though dogs relish this class of food very strongly. If the raw meat, however, be given powdered, then saliva is secreted in large quantity. This is true of all forms of dry food, so that the secretion from the parotid as well as the submaxillary glands is dependent not on the kind of food, but on the form in which it is taken, being not so much a help to digestion, as an effort of nature to rid the mouth of materials that are not easy to swallow.

Similarly varied secretions are found in the glands of the stomach. If meat is given to dogs, then gastric juice of the highest degree of acidity is secreted. It is distinctly less acid for milk diet and but slightly acid for food composed mainly of cereal products. This shows that the character of the gastric secretion is specific for each kind of food. It varies also in regard to the length of time and the rate at which it appears. When the main element of the feeding is bread, the secretion continues for nearly ten hours, with milk it lasts for only six hours, for meat for from six to ten hours. The maximum of secretion is reached with meat in the second, with bread in the first, with milk in the third hour. It seems as though the stomach reacted with a sort of an instinct. We will have to recall many of our physiological conceptions as a result of these researches. The idea that gastric secretion is called forth by the mere mechanical irritation caused by food is not substantiated by Prof. Pawlow's investigations. He failed to obtain a single drop of secretion by different forms of irritation of the gastric mucous membranes. Evidently the individual and psychic element is an important factor which heretofore physiologists have almost entirely overlooked. The digestive mucous membrane possesses a distinctively selective action and sort of capacity for recognizing the qualities of substances presented to it. The individual stomach in selective action may be the result of innate natural qualities or may be acquired. Digestion thus becomes eminently individual in character and the occurrence and importance of personal likes and dislikes is more readily understood. Digestive disturbances depend not so much on the lack or superabundance of certain elements in the gastric juice, as upon a failure of the gastric glands to produce just the kind of secretion needed for a special kind and form of food.

The practical application of these studies must be that physicians will place less reliance on the investigations of stomach chemistry, but attach the greater importance to the clinical study of the patient.

BOILED WATER AND DELUSION.

Professor Clarrin of the College of France denounces the popular theory that, fever germs being destroyed by thorough boiling, all danger of sickness is thus avoided. For together with the dangerous germs all beneficent germs are destroyed. These are necessary for the proper digestion of certain elements of food, which, in the absence of these germs, act as irritants, setting up enteritis and other maladies. Another French observer, M. Pages, agrees with these conclusions and says that, while one may escape the danger of typhoid, the risk of which is small in any case, by the boiling of water one exposes the system to a host of other ailments no less mischievious.

1,000 premium labels with subscriptions which are paid one year in advance.

THE WISCONSIN MEDICAL RECORDER

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J. P. THORNE, M. D.

JANESVILLE, WIS.

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Letters, Case Reports and Questions are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 APRIL, 1905 No. 4

LITTLE STORIES FROM LIFE

III.

She was six years old and it was her first year in school. She had gone through the trials of the first term and was anxiously counting the few days to Christmas, with all its grand promises. There was to be a Chritsmas cantata at the school and she was to take part, with her doll. It was to be her first appearance in public. No prima donna ever looked forward to her first night with more anxiety than this little one did to this entertainment. The day arrived and to her it was the most important day of her life. She started for school arrayed in her best, expecting to make a successful appearance. At the door of the school she was met by the teacher who gave one discerning glance at her and exclaimed: "Chicken-pox!" A few eruptions on the face told the experienced eye of the teacher that the child had chicken-pox. Accordingly she told her she could not take part in the cantata and must return home at once. The little maid sobbed as though her heart would break. It was one of the little tragedies of childhood.

Childhood is full of little tragedies which are very real. We do not appreciate enough the genuineness of these tragedies. We say that childhood's days were our happiest but that is because we have forgotten the many real, little tragedies. Time gently heals the soreness of these tragedies.

A NEW FOOD

The nineteenth century was a remarkable epoch in the world's progress on account of its electrical discoveries and mechanical inventions. It has seemed as though the limit had been nearly reached and that the twentieth century would not be marked by new discoveries of great importance. This may be true in the mechanical field but the present century promises to outstrip all other periods in discoveries of practical importance to mankind. We are just on the dawn of great discoveries in the development of new forms of plant life which will provide immense amounts of new food products. The greatest man in the world today in this field is Luther Burbank, of Santa Rosa, California, who has created many thousand new forms of fruits, flowers and vegetables. The March and April issues of the Century Magazine contain articles on his work by Wm. S. Harwood, which show the possibilities of science applied to the production of new forms of vegetable life. The product of his genius which promises

to be of greatest practical importance to mankind is the development of a new thornless fruit-bearing cactus from the prickly cactus of the plains. Mr. Harwood says: "He has bred this dreadful scourge of the desert, this pariah among plants, until it has become the producer of a delightful, nutritious food for man and beast—until, in his estimate, considering the unused areas of the world where it will thrive, it will afford food for twice the people now upon the earth. Millions of beasts for food and for burden-bearing of man may be supported from the food this plant can now be relied upon to give." This is a strong statement and when carefully considered presents a great triumph of genius. This plant bears a nutritious and palatable fruit and the leaf is a nutritious food for stock. Horses, cattle, sheep, hogs, and poultry thrive on it. It can be grown from the pole to the equator, on any sort of soil, good or bad. It is possible that in this plant the world will have a new food supply which will make easy the solution of some of the economic problems of the time.

WHAT WE EAT

The following are some of the things we eat in popular foods of today:

Copper sulphate in canned peas, boracic acid in canned corn, coal tar dyes in butter, cheese, jams and marmalades, all kinds of vegetables colored red in catsup, sweet pickles and preserves put up in saccharin solution, dilute acid for vinegar, wood alcohol in flavoring extracts, formaldehyde in many kinds of canned goods, maple syrup made of corn cobs and hickory bark boiled in glucose, formaldehyde in milk, chocolate creams made of glucose and glycerine covered with varnish, chocolate made of burnt ox-blood.

1000 premium labels with subscriptions paid one year in advance.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE INTERNATIONAL MEDICAL ANNUAL, a Year Book of Treatment and Practitioner's Index. 1905, 23d Year. Pages, 644. Illustrated. Extra Cloth, $3.00. E. B. Treat & Co., 241-243 West 23d St., New York.

This is a book which is welcomed every year by thousands of physicians on account of the large amount of classified, condensed, late information it contains. Each year the publishers have enlarged the volume and this year the size of the page is larger but the price remains the same.

The first section of the book is the dictionary of materia medica and therapeutics, which is a review of therapeutic progress for the year 1904, edited by Ralph Stockman, M. D., F. R. C. P. E., and Frank J. Charteris, M. B., Ch. B., of Glasgow University. Some of the special articles in this department are: "Intravenous Therapeutics," by Robt. Hutchison, M. D., F. R. C. P.; "Radio-Activity and Electro-Therapeutics," by John Macintyre, M. D., C. M.; "Serum Therapy and Organo-Therapy."

The main part of the volume is the dictionary of treatment, which gives an unusually good review of medical and surgical progress in 1904. Some articles in this section worthy of special note are: "Colitis," by Wm. Murrell; "Surgery of Nerves," by Wm. Thorburn, F. R. C. S.; "Anesthesia," by R. J. Probyn-Williams, M. D.; "Modern Treatment of Pneumonia," by De Lancey Rochester, M. D.; "Electricity in Medicine and Surgery," by John

MacIntyre, M. B., C. M.; "Abdominal Surgery," by A. W. Mayo Robson, M. D. The section on eve diseases is edited by A. Hugh Thompson, M. D., and is unusually good. This section contains 16 stereoscopic plates illustrating some of the diseases of the eye; these plates with the descriptive matter accompanying them will be found very helpful. Dr. P. Watson Williams contributes a very valuable article on diseases of nasal accessory sinuses, illustrated with plates. Drs. Robt. Jones and A. H. Tubby furnish an article on tendon transplantation, with illustrations, of practical value. The latest in sanitary science is given by Dr. Joseph Priestley.

The volume is well printed and contains many illustrations in the text and thirty full-page plates, colored and halftone. The dictionary make-up of the book and the complete index, make it possible to quickly look up the latest advances in any department of practice.

EYE, EAR, NOSE, AND THROAT NURSING. By A. Edward Davis, A. M., M. D., Professor of Diseases of the Eye in the New York Post-graduate Medical School and Hospital, and Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat in the New York Post-graduate Medical School and Hospital. With 32 Illustrations. Pages XVI-318. Size 5 1-2 x 7 7-8. Extra Cloth. Price, $1.25 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is a subject upon which there is little literature, so that this book fills a real need. The book is a reliable guide for the care and nursing of the diseases of the eye, ear, nose, and throat and instructs the nurse as to her duties during and following operations on these organs. The important subjects of asepsis and antisepsis receive especial attention. Methods of preparing antiseptics and sterile solutions and dressings are given in detail in the preparation, sterilization and method of application of the various remedies used in treatment are presented thoroughly. A brief outline of the anatomy and physiology of the eye, ear, nose and throat is given, which is very necessary for the nurse to understand. The book gives all the knowledge on the subjects needed by the nurse. Dr. Davis writes on the eye and gives two precepts which those who have anything to do with treating the eye should have indelibly impressed on their mind:

1. Thou shalt be altogether clean and gentle when caring for the eyes.
2. Thou shalt not apply poultices to the eye.

Not only is the book a satisfactory guide for the nurse but the physician will find many hints scattered all through the book which will be useful. The excellent illustrations add very much to the value of the work.

Every trained nurse should know what is in this book. It will be found a valuable text-book in the training school and should be used as a guide by the graduate nurse. Many hospital training schools, having no ophthalmologist on the staff, neglect this important branch. Graduates of such training schools should obtain this book and master its contents.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Comprising ten volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Postgraduate Medical School. Vol. I. General Medicine, Edited by Frank Billings, M. S., M. D., Head of Medical Department and Dean of Rush Medical College, and J. H.

Salisbury, M. D., Professor of Medicine, Chicago Clinical School. Pages 347. Cloth. Price, $1.00. The Year Book Publishers, 40 Dearborn St., Chicago.

The editorial staff of this series of books is the same this year as last, which is assurance of good year books. The first volume of 1905 series is an excellent volume. It embraces diseases of the respiratory organs, of the circulatory organs, of the blood and blood-making organs, of the kidneys, of the ductless glands, of metabolism and parasitic and general infectious diseases. Seventy-six pages are devoted to tuberculosis giving abstracts of many of the leading articles of the past year, with methods of treatment presenting many good suggestions. About thirty pages are devoted to pneumonia, with a summary of a year's literature on the subject. The section devoted to the anemias and to diabetes mellitus are especially interesting and contain many practical hints. Scattered through the book are numerous editorial notes by Dr. Billings, giving his opinions and suggestions on the subjects considered.

One volume each month is issued of this series of books and the year's set it sold for $6.00 or $5.50 if paid in advance. The books are well indexed and substantially bound so that they are good additions to the library.

GYNECOLOGY—MEDICAL AND SURGICAL. By Henry J. Garrigues, A. M., M. D., Gynecologist to St. Mark's Hospital, New York city, etc. Pages, 461. 343 Illustrations. Price, cloth, $3.00. J. B. Lippincott Co., Philadelphia.

This book is not a revision of the author's "Text-Book of Diseases of Women," but is an entirely new work written more especially for the general practitioner. The first part of the book is devoted to the general principles of the subject, giving especially valuable chapters on examination in general and treatment in general. The book gives the outlines of the whole system of gynecology but elaborates that which the general practitioner will find most useful. Minor operations, which the general practitioner is likely to undertake, are described in detail. The medical treatment of women's diseases is given in this work, something which many works on gynecology pay little attention to. The many illustrations and the complete index make the book a good work for reference. The book is a practical guide to gynecology, which every general practitioner needs.

BOOK NOTES

P. Blakiston's Son & Co., Philadelphia, announce that during 1904, 15,090 copies of Gould's Medical Dictionaries were sold, making the total sales to date 181,173.

J. B. Lippincott Company announce that they will publish during the present year a translation by Dr. Albion Walter Hewlett of the Third German Edition of the "Principles of Clinical Pathology," by Dr. Ludolf Krehl, with an introduction by Dr. Wm. Osler, of John Hopkins University. The work is well known in this country and in Europe as an authority upon the subjects treated, and has been copyrighted in the United States under the Interim Copyright Act.

Mr. Julius G. Sommer, who has lately become Art Manager of Leslie's Monthly Magazine, has seen many years of service in the art department of Scribner's, Outing and other handsome magazines. His latest and most original design appears on the April cover of Leslie's Magazine—a pretty spring landscape encircled by a radiant rain-

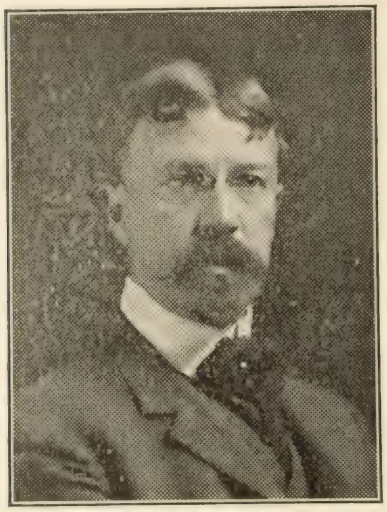
bow—the first time, we believe, that this emblem of hope has been used on such a design. The Easter number of Leslie's contains a further installment of Anna Katharine Green's great detective story, "The Woman in the Alcove;" a popular but accurate and interesting article on "Who is Insane?" by Dr. Stephen Smith, the veteran specialist, of New York; and nine uncommonly good short stories. This is an unusually beautiful number in every respect. For $2.20 we send Leslie's Monthly and the Wisconsin Medical Recorder one year with 1,000 premium labels.

Lippincott's Magazine for April opens with a novelette of extraordinary attractiveness to both men and women readers. Its title is "A Fool for Love"; its author, Francis Lynde. It deals with a railroad fight in the far West and its love interest centres in the chief engineer of the Utah Short Line and a captivating neice of the vice-president of the Colorado and Grand River Railroad, a man otherwise known as the "Rajah," who has fought his way to the front and is disinclined to show mercy on "the other fellow." "From the Pedestal," by Elizabeth McCracken, is a sweet and clever tale of psychologic trend. "The Man Who Adopted Asia" is a thrilling adventure story of the Far East, from the pen of Will Levington Comfort, whose recent visit to the seat of war has been productive of some very interesting fiction. Rosa Bonheur's personality possesses such attraction that a reminiscent paper about her under the title, "The Greatest of Women Painters," must meet with much favor. Its author is Theodore Stanton, the son of Mrs. Elizabeth Cady Stanton. The number contains a great variety of short stories and verse. For $2.65 we send Lippincott's one year and the Wisconsin Medical Recorder, with 1,000 premium labels.

Startling is the revelation of the methods of the ever rapacious "System" made by Mr. Lawson in the instalment of his "Frenzied Finance" published in Everybody's for April. Mr. Lawson describes the getting together of the properties that compose Amalgamated; and in doing so tells how the owners of Utah Consolidated found themselves obliged to ask assistance from the "System;" how they got it, and the price they had to pay for it. For the "System" demanded first an option on fifty thousand shares, then insisted on increasing that to one hundred thousand; finally, when the price rose, raised it to one hundred and fifty thousand; and by a Wall Street trick, choked off the owners and got possession of Utah Consolidated. In his chapters of "The Greatest Trust in the World," Mr. Russell tells of the vice of "underbilling," which the railroads are powerless to prevent. A strong introduction to an excellent number is Mr. Richard Barry's "Hell at Port Arthur," illustrated by the author's photographs. Maxim Gorky, a prisoner of Russian autocracy, his fate still hanging in the balance, is the subject of an appreciation by Christian Brinton; in his horribly real sketch, "The Road of Shame," one gets a view of Russian life that supplements and verifies the conclusions of the critic. These are only some of the features of the number.

The April McClure contains many features of unusual interest. How the greatest American fortune grew by automatic process from $2,000,000 to half a billion within a century is told by Burton J. Hendrick in "The Astor Fortune." Lincoln Steffens has turned his attention to New Jersey, there to find the biggest theme he has yet encountered. This state is selling out the rest of us for money. She has become a financial pirate's haven. Her "Letters of Marque" are the legal license of the trusts. In this, the hatch-

ery of all special privileges, has been fostered all that is in opposition to a "square deal." "New Jersey: A Traitor State" tells a story that every citizen who care for his country, his state, or his city should know. "What Ails Russia" by Perceval Gibbon, is a vivid and powerful pen-picture of the men who have brought Russia to her present extremity. It is a St. Petersburg correspondent's close range estimate of Czar Nicholas and the grand dukes. And then there is a remarkable human document, Dr. Wilfred T. Grenfell's story of his work among the fisher-



LINCOLN STEFFENS

folk of the bleak northern coasts. This young Englishman and Oxford graduate has for thirteen years ministered to the people of two thousand miles of scattered settlements from Newfoundland to Hudson Strait. In "Leaves from the Log of the Lend-a-Hand" he tells of dog-sledge journeyings among the simple, want-bitten people of the ice-bound harbors. A new series, the "Great Masters of Literature," begins in this number with "Cervantes," by George Edward Woodberry, until recently Professor of Comparative Literature at Columbia.

MODERN THERAPEUTICS

PHOSPHO - ALBUMEN AS A NERVE FOOD.

Phospho-Albumen is derived from the testes, spinal cords and brains of bulls. Its chemical constituents are dioleyl-phosphoric acid, lecithin, spermin, and nuclein. Phospho-Albumen renders possible the administration of 85 per cent more phosphorus (organic) than is possible by any other method; it is absolutely without danger of intoxication or any undesirable after effect. Gilbert and Lippman (Presse med., quoted by Jour. Amer. Med. Assoc., Oct. 1, 1904) have pointed out the constant absence of mineral phosphates from, and the remarkable abundance of phospho-organic compounds in, the soft parts of the organism, and assert that the therapeutic use of mineral phosphates (which are found only in the excreta of the body, and represent the detritus of the organic compounds) is irrational, while the organic phosphates, on the other hand, offer a promising field for therapeutic employment. Phospho-Albumen is, by reason of its derivation and chemical nature, the most trustworthy agent for the treatment of functional impotence, sexual atonicity, senile or presenile debility, seminal emissions, spermatorrhea, sterility, insomnia, alcoholism, etc., or as an adjuvant to other well established measures for the treatment of epilepsy, locomotor ataxia, etc. As an aphrodisiac and general nerve tonic, the special formula, No. 33, of the Phospho-Albumen Co., of Chicago, has many advantages. The formula is as follows: Phospho-Albumen, grains 3; strychnine sulphate, grain 1-50th; zinc phosphide, grain 1-10th; gold chloride, grain 1-60th, in tablet form only.

THE CARABANA PRIZE CONTEST

To the Editor: Believing that many of your readers are keen critics of the advertising columns of your valued journal, it has occurred to us that they might be willing to enter into a little contest which we are organizing and for which we shall award $50 in cash prizes, as follows:

A committee of three physicians will award, not later than July 1st, a first prize of $25, a second prize of $15, and a third prize of $10, to the doctor sending in prior to June 1st, the five best reasons why physicians should and do daily prescribe our carabana aperient water. The five reasons should be stated as concisely as possible, not exceeding twenty-five words each. All that is necessary for your readers to qualify will be that they are personaly familiar with the various uses to which carabana water is put, and that they write from personal experience.

In order to ensure fairness, physicians competing must sign their reasons with a "nom de plume," and in a separate envelope enclose their professional card, on which the "nom de plume" should also appear. Address: Carabana Contest, 2 and 4 Stone St., New York. Yours truly,

Geo. J. Wallau.

A SPRING MEDICINE

In the spring the organs of elimination do not possess their usual activity on account of having become clogged by the accumulation of poisonous and perverted secretions during the winter months when the skin neglects its duties and the kidneys are overworked.

The symptoms which arise from this condition are very similar to those of malaria, but as the causes are not alike in the least, the treatment should be entirely different, a fact which is often overlooked.

The tongaline preparations by arousing the absorptive powers of the various glands which have been clogged and by their stimulating action upon the liver, the bowels, the kidneys and the pores, cause these organs to perform their proper functions, thus restoring at once the equilibrium of the system.

Where there are indications of any excess of uric acid, tongaline and lithia tablets (tongaline 5 grs., lithium salicylate 1 gr.) will be found much more effective and satisfactory than lithia alone or lithia waters which contain but a very small, indefinite and variable quantity of lithia salt.

If there are any evidences of malaria, tongaline & quinine tablets (tongaline 3 1-2 grs., quinia sulph. 2 1-2 grs.) will promptly and thoroughly correct the trouble and overcome any tendency to periodicity.

In tongaline all the salicylic acid is made from the purest natural oil of wintergreen, the only kind that should be administered internally, as the synthetic product weakens the heart and depresses the entire system.

AN ELIGIBLE COMBINATION

A number of years ago Dr. James J. Sullivan (University Medical College) New York city, applied the remark, "An Eligible Combination" to a then new preparation of well known synergetic remedial agents. It is almost unnecessary to state that the preparation to which he referred is now well and favorably known as antikamnia & codeine tablets, each tablet containing 1-4 gr. codeine and 4 3-4 grs. antikamnia. A fact which should not be overlooked, is that the codeine used in this tablet is specially prepared and purified, is non-constipating, and does not induce a habit. These are some of the particularly advantageous features of the Antikamnia Chemical Company's co-

deine and are well worth bearing in mind.

In the harrassing cough of phthisis, or in the pain of pleuritis, in the painful sensation accompanying bronchitis when the tubes are dry and irritable—as they usually are—the blending of the two drugs composing antikamnia and codeine tablets will not be found wanting in action, but will give results that are gratifying to both the patient and the medical attendant. This tablet is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly decreased, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve and this tablet deos the work. In addition it controls the violent spasms accompanying the cough, which are so distressing.

THE COUGHS OF CHILDHOOD

In the coughs of childhood the ideal sedative and expectorant must be one which accomplishes its ends without depressing action and which is not irritating and disturbing to the digestive organs. The low grade of nutrition, so frequently found associated with the chronic coughs of childhood, makes it necessary to avoid in every way therapeutic agents which will interfere with nutrition by the disturbance of digestion, while this same weakened state makes the child the more susceptible to depressants and narcotics. The preparation of a suitable expectorant and sedative is one of the problems of pediatric practice. During the winter of 1904 and the early winter of 1904-1905, fitchmul was used in a considerable number of cases in the department of pediatrics in the Chicago Clinical School, of Chicago, in the clinics of Dr. Marcus P. Hatfield, Professor of Pediatrics. This is a combination of the active principles of fir balsam, Venice turpentine, chloric ether, with dilute hydrocyanic acid, tartar emetic and aromatics. The combination is so made as to produce a palatable mixture, stimulating to the mucous membranes, allaying the cough and stimulating expectoration, without the slightest depression or disturbance of digestion. The results attained with fitchmul, especially in infants and children of low vitality, were exceedingly gratifying. In such cases it was found advisable to use it alone, but in cases where pronounced action was indicated, it was used as a vehicle for codein or creosote.—Editorial from the Chicago Clinic and Pure Water Journal.

TREATMENT OF GENITO-URINARY TROUBLES

Cystitis being the most frequent of the chronic inflammations of the urinary tract, we may take it as an example for consideration. My experience with hundreds of these cases taught me to always examine the urine closely. From a therapeutic standpoint we are not interested so much as to just where the irritation is located as we are in what will cure the patient. In these cases I have prescribed cystogen, which has a direct action upon the mucous membrane of the genito-urinary tract. Formaldehyde is liberated in the urine, and the whole tract, from the glomerulus of the kidney to the meatus, is bathed with a solution of formaldehyde, thus preventing the formation of pus, allaying irritation and overcoming decomposition. Cystogen aperient was prescribed in many cases. This is an effervescent salt of cystogen, containing phosphate of soda, and its administration was followed by marked improvement in all cases. Cystogen aperient should be prescribed when a laxative is desired in connection with the thera-

peutic effect of the drug.—Brose S. Horn, M. D., in Charlotte Medical Journal.

THE AMBULATORY PNEUMATIC SPLINT

This modern splint is adjustable to the right or left limb of any adult patient, for any fracture of the lower limbs, including those of the neck of the femur and for cases of non-union, knee and hip-joint diseases. In instances where it is used, the results are far superior, the patients are more comfortable and they convalesce more rapidly and are stronger than is possible by treatment in any other manner. We strongly recommend this appliance to our readers who do this class of work. Advertisement of the manufacturers appears elsewhere in this issue. They will be very glad to mail their literature free on request. Why not ask for same now?

A most useful departure from the usual method of promotion of manufactured products is being instituted by Bioplasm Company. This manufacturer evidently believes that the more use he can be to his patron (the practicing physician) the more useful the doctors can be to him. This company has undertaken to equip each of its patrons with a most ingenious outfit for the analysis of the urine "at the bedside," and with it presents a complete pocket manual containing the latest technic and reactions. The motive is perhaps the greatest departure, for it is claimed that in morbid conditions which change the composition of the urine (and few abnormal states of the system do not), and where bioplasm is indicated, as it is in all errors of metabolism, the therapeutic property of bioplasm is shown by the return of the urine to its normal composition. This is certainly an unusual motive. The manufacturer says to the doctor, "I ask you to subject my product to a trial, and I claim that its results may be traced in the urine, therefore I present you, gratis, the necessary apparatus to determine such changes in the urine, which gives you every facility to prove me a liar, if I am." Surely, here is a manufacturer who believes what he says. Anything that will stimulate urinalysis as an aid to diagnosis and treatment should be encouraged. Bioplosm Company is setting a worthy example to manufacturers in this respect.

"Sal Hepatica" is a scientific combination of sodium and lithium phosphates with the laxative salts of the "bitter water." It is very pleasant and most efficient in uric acid troubles and makes an agreeable effervescent drink when dissolved in water. Sal hepatica is being extensively employed as an eliminant of irritating toxins in the alimentary tract. Unlike most saline laxatives, it is not in the least depressing but on the contrary is a physiological tonic. Sal hepatica is one of the very few laxatives that are permissable in any form and in all stages of kidney diseases, for it is positively non-irritating even when exercising a dierutic and depurating action. Samples from Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y.

The Antikamnia Co., of St. Louis has issued a reproduction of "Confidence," the painting by Getty which was used in the 1904 Antikamnia Calendar. It is sent free to physicians and is worth sending for.

1000 premium labels with subscriptions paid one year in advance.

EXOPHTHALMIC GOITRE

Why chase after cats, dogs, billy goats and sheep to relieve only, while Norwood's Tinct. Veratrum Viride has cured and will cure again. Dr. Wm. Davies Hutching, Madison. Ind., says:

Mrs. Bunnelle, wife of the agent of the Adams' Express Co., at this place, applied to me for treatment July, 1897. Height, above medium; weight, ninety-three pounds; age, 35; mother of three children. Her condition: Anaemic, greatly debilitated, heart apparently much dilated, without rhythm, with a wallowing movement; eyeglobes so protuberant as almost to prevent closure of lids, presenting shocking deformity. Goitre not measured but very prominent. Mind deranged. She had suffered with this malady, gradually increasing in gravity, for twelve years. Had been under the treatment of several home physicians, and, finally, while visiting Philadelphia, consulted a physician of that city, who diagnosticated exophthalmic goitre, and advised her to return home immediately as she was liable to fall dead at any hour. I confirmed his diagnosis, and placed the patient on Tr. Veratrum Viride, three drops morning and night, to be gradually increased until the full dose possible to tolerance was obtained.

At first the 3 drops were barely tolerated; 4 drops produced such weakness as to oblige her to take to her bed for a short time. She perservered however, until 12 drops were taken morning and night without producing nausea or any inconvenience whatever. This dose was continued twice daily for 12 months, then dropped to one dose daily for a few following months.

The improvement of the patient was gradual but progressive, and at the expiration of 12 months from the beginning of treatment the goitre had disappeared, the eyeballs had receded to their normal position, and the mind had returned and her weight was ascertained to be 160 pounds.

This lady was seen by me only at long intervals during her treatment, but she faithfully obeyed orders, and took the medicine with above results. She is now residing in this city, (Dec., 1889) in the enjoyment of good health.

The Detroit Medical Journal, No. 7, Vol. 1, and The Medical Brief for Sept., 1901, both refer to this article for treatment of exophthalmic goitre.

* * *

(Surgeon General's Office.)

Norwood's Veratrum Viride has been listed in the office of the Surgeon General of the United Staets, as shown by the following extract from a letter signed by the Surgeon General:

In reply to your letter dated November 8, 1900, with enclosure from Robert Halford, agent, dated Mount Lebanon, N. Y., October 6, 1900, and stating that you had sent by express two samples of "Veratrum Viride," I have to state that they were sent to Washington Barracks, D. C., for trial and found to be of excellent quality.

The name of Robert Halford, agent, has been placed on the list of bidders at the Medical Supply Dept., 391 Washington Street, New York City, by whom circular letters are sent soliciting proposals for medical supplies.

(Signed) Geo. M. Sternberg,..
Surgeon General, U. S. Army.

* * *

(From American Medicine)

One who has not employed veratrum viride in acute mania has missed the best agent available for relief of these distressing cases. It is most satisfactory to see the patient, under these remedies, pass from absolute sleeplessness into a state of quiet rest. The best preparation only should be employed, and that is Norwood's Tincture.

Literature on Veratrum Viride supplied by Robt. Halford, Mt. Lebanon, N. Y.

Every physician requires almost daily, a reliable calmative to replace the many injurious narcotics and antispasmodics now in general use—something that possesses a pronounced specific action as a nerve sedative and hypnotic and that will induce tranquility and equilibrium of the nervous system. They have found in Daniel's conct. tinct. passiflora incarnata the properties that contribute to this result and removes conditions resulting from impaired nerve function. And while passiflora's action is potent and invariable, its superiority lies in the delightful after-effect produced. The opiates, bromides and several so-called calmatives, insure sleep, but leave the patient with nerves strained and exhausted, while passiflora gives rest without reaction and the patient feels the refreshing exhilaration of a night's sound slumber.

Passiflora is unequaled for insomnia, hysteria, convulsions and kindred diseases.

The Pas-Avena Chemical Company has acquired the established business and plant of the Avena Pharmacal Company, 223 East 80th street, New York City, and will continue the business of manufacturing and introducing to the medical profession exclusively, the well-known product pas-avena at the same address.

We would suggest of those readers who have not yet used pas-avena in their practice, that they write to the company for literature and samples.

Pas-avena is a powerful but harmless, soporific, sedative and anodyne. Formula will be furnished upon request.

Try rheumatol on your next obstinate case of rheumatism. It is made by The Rheumatol Co., 272 W. 11th St., New York.

Frederick Stearns & Co., Detroit, have recently celebrated a half century of business. By always selling superior goods and honorable business methods, this firm has built up an enormous business. "Stearns Quality," means the highest standard of excellence.

The Denver Chemical Manufacturing Co., of New York City, has issued two little books which are splendid examples of the modern printers art. One is devoted to the therapeutics of antiphlogistine illustrated with colored plates. The other is on substitution.

Battle & Co., of St. Louis, have issued another plate in their series on intestinal lafasites. These plates are sent free to physicians.

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The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. VIII MAY, 1905 No. 5

Leading Original Articles

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 154 April Recorder.)

THE DIAGNOSIS AND TREATMENT OF VARICOCELE.

This is an exceedingly common condition, and the practitioner should be able to recognize the condition and inform a patient of the presence of the affection, where it is at all marked. Should he not, at some future time another medical advisor is likely to do so and the patient will believe that the previous medical attendant did not realize that he was suffering from the condition. Many practitioners hesitate to inform a patient of the presence of a varicocele as they know this knowledge has a decidedly undesirable effect upon the mental state of the patient. Feeling that the condition is the source of but little injury to the patient many practitioners prefer to say nothing to a patient regarding the presence of a varicocele, but this is an error on their part, as it will in far too many cases react their discredit. The practitioner will find nothing which will do more to add to his reputation than the adopting of the practice of making a general examination of all patients. This general examination preceded by a history of the patient will cause a favorable impression upon the patient as he feels that if there is any abnormal condition that the physician has had an opportunity to ascertain that such is present. If the practitioner makes merely a partial examination, the patient feels that some obscure condition may have escaped his notice.

In making a general examination, attention may be first directed to the parts which show appreciable symptoms, but when these parts have been examined with sufficient care, the attention may be given to other parts in turn. In male patients consulting in the office of the practitioner the patient may be stripped to the waist and the body exposed. The examination including inspection, palpation and percussion should also be followed by a careful examination of the nasal and oral cavities and after the upper half of the body has been examined, the clothing may be allowed to fall so that the patient is naked to the knees. The penis and scrotum may then be examined, and in many cases examination

by rectal palpation or with suitable speculi may yield valuable information, or at least help to create a favorable impression upon a patient. Of course there will be met in practice certain conditions where a patient would consider a general examination unnecessary and uncalled for, but it is to be remembered that in a great many cases abnormal conditions may cause symptoms in distant organs and where a patient objects to a general examination very often a few words from the physician will convince him of the value of such.

THE EXAMINATION OF THE SCROTUM.

Very often with varicocele the scrotum will be found much relaxed, and the testicles hang well below the body. This relaxation of the scrotum is associated with varicocele in most instances.

In not a few cases where a varicocele is decided the dilated vessels may be seen bulging the scrotum, sometimes showing as an irregular bulging, in other cases. The bluish color of the vessels may also be seen at a glance in some cases. In examining the scrotum and its contents, it is well to draw the testicles forward and allow them to rest across the fingers so that their size and shape may be noted. Then their consistance may be noted, and any irregularities palpated. The examiner will now find it possible to examine the epididymis of each organ in turn. The testicle should be allowed to slip forward between the index finger and thumb of the operator, and the epididymis will slip between the index finger and thumb of the examiner. It will often be found in an abnormal condition. Following acute inflammation a mass is left in this organ which dissappears very slowly and in some instances such an irregular mass may be found many years after an acute inflammation has subsided. The earliest stages of tuberculosis of the testicle are marked by the development of an irregular nodular mass in the epididymis, and malignant affections are first noted here, in not a few cases. The palpation of this part is a simple matter and the examiner soon learns to do so with ease and rapidity. If the parts are found to be in a normal state the fingers are carried higher up and palpation of the cord is accomplished by allowing the tissues of the scrotum to slide through the fingers until the cord is felt to be slipping between the fingers. This part may be grasped and palpated carefully so as to note any abnormality. Dilated vessels are felt as soft wormy masses, and as the skill of the examiner increases by practice he comes to feel even slight dilatations of these vessels.

Cysts and tumors along the cord may also be felt, and where present it is the duty of the examiner to recommend their extirpation. A scrotal hernia may be differentiated with some difficulty from a varicocele. The examiner should remember that if he reduce the hernia with the patient lying down, then press his finger into the external ring and allow the patient to stand that the hernia cannot descend while a varicocele will reform promptly.

It is said that the wearing of a suspensory will cure a varicocele, and many practitioners recommend this alone in the treatment of the cases of varicocele coming under their observation. It is advisable to recommend the use of a suspensory by the patient suffering from varicocele, but the physician who will tell his patients that this will cure their varicocele will find his reputation suffering as the years go by. The use of various medicines have no appreciable effect upon varicocele either when used locally or taken internally. The most simple way of relieving the condition is by the obliteration of the dilated vessels. The dilated vessels, when obliterated allow the circulation to pass through vessels remaining

FIGURE I

Fig. 1.—Illustrating the manner of infiltrating the scrotum before opening it in the operation for varicocele. The tissues when thoroughly distended may be incised without pain to the patient. The small glass syringe used in this operation is convenient and satisfactory. It is a useful hypodermic for the general practitioner as boiling safely sterilizes it without injuring it.

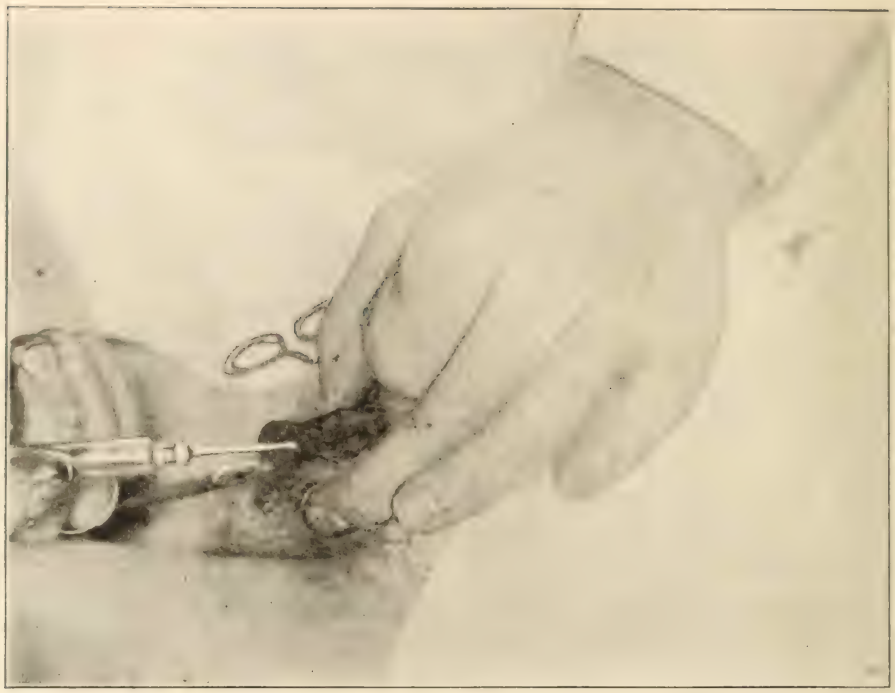


FIGURE II

Fig. 2.—When the scrotum has been opened a loop of the dilated vessels which we wish to obliterate should be drawn out. Then the areas through which we wish to incise should be thoroughly infiltrated. Fig. 2 shows manner of infiltrating around and beneath the loop after it has been drawn from the scrotum.

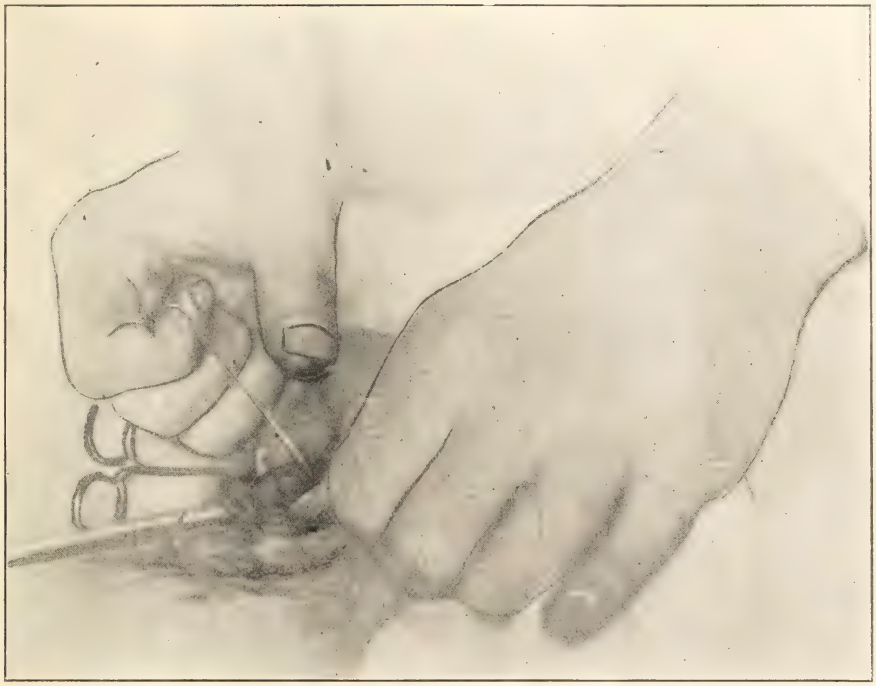


FIGURE III

Fig. 3.—Shows manner of ligating the dilated vessels. The vessels are ligated at two points and a wedge-shaped portion is removed.

FIGURE IV

Fig. 4.—A wedge-shaped segment of the vessels between the ligatures is excised. Fig. 4 shows scissors passed beneath the vessels.

which are not dilated, and in this way the nutritional changes which occur in the testicle in cases of varicocele, which are marked, are overcome. Very often we will see a well marked varicocele where the testicle is of a normal size and consistance. Many medical men take it that such a case does not require treatment, particularly operative treatment, but very often such cases should be operated upon owing to the mental effect of the abnormality upon the patient.

The dilated vessels may be obliterated by the operation of subcutaneous ligation. This is performed either with a special needle or an ordinary surgical needle, armed with silk or catgut. The operator aims to pass a needle through the scrotum and back again, carrying in so doing a ligature around the dilated vessels. The ligature is then tied and the knot allowed to sink into the scrotum. This is a simple operation and where the operator is careful it should succeed in most instances. Where the operator is performing this operation he has one point to keep in mind. He should not include the vas deferens in his ligature. This part may be felt as a firm smooth cord running through the scrotum from the epididymis to the external ring, and it may be allowed to slip back out of the way before the needle is entered behind the dilated vessels.

In performing the operation of subcutaneous ligation the operator should very thoroughly scrub and cleanse the scrotum and his suture material should also be safely sterile.

The open operation is such a simple one and may be performed so readily with the aid of infiltration anesthesia, that it is preferable to the more uncertain subcutaneous ligation.

To excise a portion of the veins some operators believe that it is necessary to give a general anesthetic and to confine the patient to bed for a number of days afterwards, but this is not the case, the operation may be performed in an office and the patient safely allowed to go home afterwards, and many patients will lose no time from their usual occupations.

The operator must be careful in this operation to have the field, his hands and his instruments clean. This is possible in an office as well as elsewhere, if the trouble is taken to secure such a state, and as the operation only lasts a few minutes (from five to fifteen) it is not a difficult matter to maintain such a state.

Suppuration will often occur in these cases even where considerable care has been used in cleansing the parts, but it will usually only delay healing somewhat, but where only slight antiseptic precautions are taken an infection may develop which is serious.

To secure perfect anesthesia, the operator may simply take an ounce of boiled water and add to it a tablet containing a grain of cocaine. This solution will be more than enough for the operation, as a rule less than half of this quantity being sufficient for a painless operation. For injecting the all-glass or all-metal syringes are useful as they may be boiled previously. The solution should be deposited in and beneath the skin of the scrotum until the skin can be pricked along the proposed line of incision with a needle without being felt. An attempt may now be made to infiltrate around the vessels or the scrotum may be opened and the vessels picked up through the incision and then the needle inserted along beneath them and the tissues thoroughly infiltrated. This infiltration when properly accomplished may be followed by ligation of the vessels at two points and then the excision of the intervening portion without causing any pain to the patient. The operator will often divide some small vessel which bleeds. Such vessels should be picked up and ligated so that a blood clot cannot form in the scrotum.

The scrotum may be closed following the excision of a portion of the dilated vessels or it may be only closed partly, and a wick of gauze may be left in for drainage, if the operator prefers. This wick of gauze is removed in a day or two and the parts are allowed to heal. I would recommend the practice of completely closing the scrotum.

The important feature of successful ambulatory after treatment in these cases is to see that the testicle is completely immobilized and perfectly supported. The scrotum should be so enveloped in dressings that it is held close against the body, and no weight or traction is allowed upon the cord. This is accomplished by placing a good sized pad posterior to the scrotum, and above it and then carefully enveloping all in gauze or cotton. The dressings are then held in place by a T bandage.

(To be Continued.)

MUMPS

By William F. Waugh, M. D., Chicago, Illinois.

While mumps is an infectious malady its cause is as yet undetermined. It is most frequent in children, in the spring and fall. It is highly contagious, and getting into a school will affect every child except the few who seem to be immune. After the 21st year it is rare.

The incubation lasts two to three weeks, with no symptoms. The attack is marked by slight fever, with pain in the parotid gland on one side. This soon swells and becomes tender. The other side may or may not be affected. Sometimes the submaxillary and sublingual glands are involved. It becomes difficult to open the mouth and impossible to chew. Any food that excites saliva causes acute pain. A cruel domestic means of diagnosis is to induce the patient to take a bite of pickle; which causes exquisite suffering. The pain may radiate to the ears and otitis develop. In about a week the malady subsides, taking longer if the second gland is not affected till late. Sometimes there is a metastasis to the testes or ovaries, but only in persons past puberty. Great suffering ensues; the attack runs its course there and subsides. There may be a urethral discharge of pus. One or both sides may be affected. Atrophy may result, with impotence if on both sides. Girls may have a vulvovaginitis, and the breasts in either sex may swell and become sore.

High fever with delirium occasionally occur; meningitis rarely; hemiplegia, coma, mania, arthritis, albuminuria, uremia, endocarditis, facial paralysis and metritis, are sometimes seen. Very rarely the parotid suppurates. Deafness is not unusual. The eye may be injured; the nerve atrophying. Relapses may occur. The gland may remain enlarged. A long list to follow mumps, but they are collected industriously, as men in active practice for a lifetime may not see one of them.

The diagnosis is easy; the parotid swelling, with aggravation of the pain on taking into the mouth anything acid; occurring in persons who have been exposed and are not immune.

Treatment: Keep the child quiet, clear out the bowels and give a few granules of aconitine. Possibly pilocarpine may abort this malady—try it in full doses. Cover the swollen glands with belladonna plaster. Metastasis calls for the use of hot or cold applications as may be most agreeable. During the writer's absence from home his son, aged 11, showed symptoms of mumps. He had never had this disease and had been fully exposed. His mother at once gave him enough atropine to dry his mouth, and saturated him with calcium sulphide. Within two days the attack was broken up, and he subsequently associated with children affected with mumps, with entire impunity.

In La Dosimetrie, Toussaint speaks

of a characteristic symptom. If the finger is introduced into the patient's mouth the finger remains dry, the saliva being absent. In grave cases the ordinary expectant treatment becomes a serious fault. The treatment should be that of infectious maladies in general, the principal indication being met by calcium sulphide, which should be given during the entire course of the disease and some time longer to prevent relapses. The daily dose is the same as for measles or scarlet fever, 1 or 2 granules every half hour, according to the age, until saturation; then 12 to 16 every 24 hours.

The fever should be moderated by suitable doses of the infantile triad (brucine, digitalin and aconitine) continued until the temperature falls to 37 1-2 degrees, C., and after that according to the need.

The swollen glands should be covered with absorbent cotton, impregnated with oil of chamomile, containing camphor and morphine and covered with silk.

A careful toilet of the mouth and throat should be made two or three times a day, with a solution of boric acid. This is indispensable.

Orchitis, mammitis and ovaritis are treated by applications of hot opiated oil, cataplasms or better "cottonplasms;" or if suppuration is feared, by mercurial inunctions.

Fever is attacked by the infantile triad if the patients are under 6 years of age.

For the saburral condition give small daily doses of saline laxative.

For vomiting give soda lemonade, or champagne.

The dieting is very difficult. It should be exclusively liquid—soup, milk, beef and chicken tea, etc.

Patients should be isolated and those exposed to contagion should take calcium sulphide 8 to 12 granules a day as a prophylactic for 20 to 25 days. When the patient has recovered, the house should be disinfected and all playthings and other substances which have been used about the patient's mouth should be burned..

This description leaves much to be desired. Of profound interest is the effect which pilocarpine would have in this malady in minute doses and when pushed to full effect. The treatment for metastasis is also unsatisfactory and the effect of atropine here deserves careful study.

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 162 April Recorder)

THE X-RAY TUBE.

As we have studied the phenomena that take place inside the tube, it now becomes necessary to get a working knowledge of the forces at work out of th tube. We are struck immediately with the fact that there are a number of different rays given off from the tube in general use, of which we are familiar with only three.

We find that the ordinary tube gives off positive charged particles to a distance varying from one to four inches that are capable of discharging a negative electroscope. The distance they are thrown off depends upon the electro-motive force and the thickness of the walls of the tube. With a powerful static machine they may be thrown to a distance of ten inches owing to the fact that a machine of this type gives a powerful unidirectional current. These rays resemble the cathode rays, as they will pass through aluminum, have powerful photographic properties, cause florescence

and may be deflected with a magnet. They are very irritating and destructive to organic tissue, having a pronounced inhibiting or destructive effect upon bacteria and are the rays used by operators to treat lupus, and other infectious skin diseases. They are known as the Alpha rays. Many of the best tubes do not give off any of these rays, and accounts for many cases of lupus that have failed to react kindly to the ray treatment.

The Beta ray is a shower of negative charged particles that will discharge a positive electroscope and are slightly deflected by a powerful magnet. They have intense chemical value; will pass through dense tissue through different thicknesses of metal according to its atomic weight; cause slight florescence; reduce photographic salt, and pass from two to ten feet from the tube. This ray should be considered as the X-ray proper ray for skiagraphy and radio-therapeutic treatment.

The value of this ray depends upon the amperage of the apparatus and the penetration upon the electro-motive force. This ray is used to give treatment for epithelioma, cancers both upon and beneath the surface. Penetration of the ray is controlled by regulating the electro-motive force of the apparatus. It is the aim of the operator to secure just enough penetration to allow the ray to come at rest in a part of the body where we desire the work to be done.

This ray is not especially irritating and may be used for long periods of time without seriously endangering tissue: although a powerful influence is exerted upon the tissue within which it comes at rest.

It is no uncommon thing for operators while treating the breast for cancer, to produce a severe bronchitis, or even pneumonia if the ray is allowed to reach these tissues, while some cases of meningitis have followed the use of the ray upon the skull.

No operator can hope to be successful until he has mastered the technique of penetration, for the simple reason that the human tissue can act as a conductor of the ray and carry it through without the slightest amount of work. And I cannot impress too strongly upon any physician who uses this method of treatment that to accomplish results in malignant diseases with certainty that the ray must be arrested at the place where we want the work to be done.

The Gamma Ray. — This ray is an electro-magnetic pulse in the surrounding medium formerly called ether. It is a to and fro pulse, first positive and then negative, the rapidity of the waves depending upon the period of the interrupter used in the coil. Delicate galvano-meters and coherers have detected this ray at a distance of three city blocks and probably the disturbance passes many miles from the source. This ray causes florescence when transformed by suitable crystals; has very feeble chemical power; is absolutely non-irritating to human tissue; will pass through an unlimited amount of organic tissue and will pass through five inches of iron. It is the ray we use in florescopic work; it has a stimulating and tonic effect upon the body and the nutritional effect ascribed to X-ray treatment is unquestionably due to this ray.

This ray is used in radio-therapeutic treatment for tuberculosis, sarcoma, and as an inhibitive treatment for hopeless cancer cases. It has a pronounced analgesic quality and will relieve a severe case of cancer tic douloureux and rheumatism.

Owing to its stimulating properties a hopeless cancer patient may be made comfortable and life prolonged for from one to two or more years.

For practical purposes this ray is

obtained from an old tube that has been so thoroughly plated with ionic metal upon the inside that very little of the Beta ray can escape. Or, not having a tube of that kind in stock, the rays are passed through a grounded aluminum screen, which sifts out the positive and negative principles and allows the Gamma ray to pass through. The thickness of aluminum used depends upon the condition of the tube and the character of exciting apparatus.

The Field of Intensity.—As the rays travel within the tube with loss of energy, they meet their first resistance after passing in the atmosphere, and as a fact, strike the inner curved surface of the tube at the same velocity it is clear that their intensity must be in inverse proportion to the distance, so that if we should remeasure the intensity of the ray opposite the target and four inches from the glass we know that the strength is four times as great at the central point as it can be two inches each side, as the ray has had to travel one inch further in order to reach the surface owing to the convexity of the globe. Therefore, one inch of skin is receiving four times as much ray as the other limit of a four-inch circle, and undue exposure is given. We will have a blister formed in the center that will radiate off with diminishing irritation until the limits are reached.

If it is desired to use the Alpha ray it should always be given through a metallic mask and great care used in not over-exposing the surface. One milliampere of current at four inches it is dangerous to give more than five minutes daily and even then it is well to skip the fifth and eighth days in order to exclude a possible idiosyncrasy, as it can no longer be denied that there exists a predisposition to a burn from the Alpha ray. This is one of the most terrible accidents that can befall a human being, as it brings about a neuritis with intolerable itching, smarting, and pain, and infection can hardly be avoided owing to the patient scratching the place with his fingernails. If this accident happens, the suffering of the patient is terrible, morphine giving little or no relief and the process extends over months or years in certain cases before cicatrization takes place. And if it appears upon the hands they are very apt to be useless. An irritating application such as vaseline, iodoform, boric acid or any antiseptic will immediately turn an ordinary X-ray dermatitis into a dangerous X-ray burn. The best method of handling the case when it happens is to expose the skin to the atmosphere until vesication takes place, and then dust the surface with common talcum powder (not compound) and nature throws out an adhesive protective coating that may be removed from time to time by soaking in hot water. It re-forms promptly and protects the surface better than any artificial cover we have.

We may produce a severe X-ray dermatitis from the Beta ray, but it rarely becomes destructive, although cases of belated burns have occurred, one of which is of extreme interest. It happened to a young girl with cancer of the breast who was successfully treated with the X-ray, the cancer disappearing promptly; the girl improved in health and went away on her vacation in June. She returned in September in good health. She called upon me and I examined the breast and failed to discover anything wrong with it. Two weeks afterward she was taken with a stinging, burning pain in the breast and called upon me immediately. I was able to make out a sharp line of demarkation on the site of the former cancer which rapidly became gangrenous. She was put into the hospital and watched a few days until it was evident the trouble was not spreading when I made an incision around

the healthy tissue and removed the mass. I found a cupshaped piece of fibrous tissue four inches wide in which the pathologists failed to find any bloodvessels. This piece of fibrous tissue was five-eighths of an inch in thickness. This may explain why many X-ray burns are so hard to heal. The wound healed as well as any other wound could and it indicates a successful method of treating X-ray burns by removing the base by surgical methods in order to get a good blood supply.

It seems from a very careful investigation that all of the serious burns in the last four years had been received from the use of static machines. Not that an increase of amperage is derived from this type, but because this class of machines gives an unidirectional current, throwing the Alpha ray to a greater distance from the tube. And also the fact that they are not as well controlled as a coil; and further that they vary from day to day, depending upon the amount of vapor held in suspension within the case as well as the temperature of the air. The output may vary as much as 50 per cent at different periods of the day. This must be kept well in mind by operators so that they may keep upon the right side of the danger line.

(To be Continued.)

EMERGENCY DRUGS

By W. T. Marrs, M. M., Jewett, Ill.

Many drugs are administered for the purpose of controlling hemorrhage of all kinds. It is very doubtful whether internal drugs have any control (immediate) in such cases. The hypodermic of morphine and atropine is the remedy par excellence for severe hemorrhages no matter from what cause. The same treatment is also indicated in nearly all cases of shock.

As a quick diffusible stimulant the essense or oil of horsemint is said to be one of the best, although the drug is not in general use. Perhaps glonoin in 1-100 grain doses is our speediest stimulant used internally. Aromatic spirtis of ammonia internally and aqua ammonia by inhalation always give relief where respiration is embarrassed. Nitrite of amyl pearls should be carried in the pocket of every doctor. It is very useful in case of fainting, epileptic seizures, etc. Perhaps the local use of camphor spirits owes considerable of its efficacy to suggestion.

Apomorphine is a good thing to have handy about. The dose is about 1-10 grain, but this dosage may be much exceeded except in the very young or in feeble old people. This drug acts quickly and unloads the stomach, relieves choking or suffoctaion from any obstructive cause, and is useful in any sort of fit or paroxysm.

A menthol and chloroform solution is a good emergency remedy. It will relieve nearly any headache or neuralgia.

The indiscriminate use of acetanilide is to be condemned, but its occasional employment in headache, myalgia, etc., is indeed commendable. The person quickly relieved of severe headache will hold you in grateful remembrance. Migraine tablets should always be combined with caffeine and monobromated camphor.

Many useful things are often easily forgotten or overlooked by reason of their commonplaceness. This is true of lime. Lime tablets should always be available. Lime water is one of the best agents we have to correct sour stomachs and vomiting in children.

Mustard, castor and sweet oil, whiskey, sweet milk, soap suds, egg albumen and many other household remedies should be carefully studied, as they may sometime need be called into requisition when more elegant and up-to-date remedies may be conspicuous by their absence.

A CASE OF SALIVARY CALCULUS

By H. F. Langhorst, M. D., Elmhurst, Illinois.

Mrs. T—, age sixty-five. A native of Germany. Nothing important in her family history. With the exception of chlorosis she has always been strong and active up to five years ago. At this time she was treated for obesity. Too rapid reduction in weight, brought about by a starvation diet and forced exercise placed her on the verge of collapse. At this time she began to suffer with intermittent attacks of "sore throat" with a swelling in region of submaxillary gland. This indurated gland would persist for one or two weeks and then subside. The "sore throat" interfered with deglutition and the pain seemed to be referred to the base of the tongue. She has for the last ten years noticed an increase in the quantity of urine voided and had occasion to urinate once or twice during the night.

Her last attack began three days before she came under the writer's care. The attack began with pain referred to the base of the tongue. Gradually deglutition became more painful and fever developed. With this came a severe headache. At this time she was under the writer's obseravtion.

On entering the sick room a foul odor was encountered. The patient presented the appearance of one afflicted with a peritonsillar abscess. Her voice was muffled and deglutition impossible. In the region of the submaxillary gland a painful swelling the size of a walnut was observed. The pulse was irregularly intermissive and running at the rate of ninety beats to the minute, counted at the wrist. Temperature 102 degrees. Bowels constipated. Owing to the decreased ingestion of water the urine was scanty and high colored. The throat could not be satisfactorily examined owing to the inability of the patient to separate her jaws. Her heart was hypertrophied and a systolic murmur was present both at the apex and base of the heart. The heart rhythm was very irregular and many pulsations were not transmitted to the radial artery. The subsequent examination her urine was found highly albuminous. Patient was in a very critical condition.

She was given calomel and enemas for her bowels. Diluted H_2O_2 and hot fomentation for her throat. Nitroglycerine and convallaria for her heart. Absolute rest in the recumbent posture was made imperative. Under this line of treatment she gradually gained. When enabled to inspect throat all that was then observed was an injected mucous membrane and inflamed faucial pillars. When she left the bed she at once developed oedema of the lower extremities. This disappeared after the exhibition of apocynum and saline. The enlarged gland still persisted and her tongue was badly coated.

About three weeks from the beginning she was in fair condition with the foregoing exceptions.

One week she came to the office and announced that she had a cancer under her tongue. She had noticed a peculiar taste in her mouth and upon examination discovered pus oozing from under her tongue.

Upon examination, when the tip of the tongue was eleveated to the roof of the mouth, pus could be seen oozing from the mouth of Wharton's duct. The entire length of the duct was indurated. Her voice was somewhat muffled and she was not able to enunciate clearly. Her diagnosis was ruled out and she was informed she had an infected salivery gland.

With a long blunted aspirating needle attached to a hypodermic syringe, the canal was flushed out twice daily.

Boric acid, H_2O_2. protargol, alphozone were all tried and with but indifferent success. Potassium iodide was administered with the hope that the eliminated iodine might check the infection, but to no avail. She was then informed that she probably had a salivary calculus and that surgical procedures would be necessary to effect a cure. She consented to surgical intervention and was taken to the Presbyterian hispital in Chicago, and was there successfully operated on by Dr. Joseph F. Smith, whose notes on the case read as follows:

Mrs. T—, age 65. Housewife. Nationality German. Diagnosis, Salivary Calculus. Right side. Complained of intermittent pain, swelling and discharge of pus under tongue on right side of the mouth. Swelling in region of right submaxillary gland. Marked tenderness on pressure. This condition has persisted some weeks, and gradually has become worse.

Operation April 28, 1904. Dr. Joseph F. Smith, assisted by Dr. Langhorst. Pressure upon the swelling on right side of lower jaw caused pus to exude from an opening under the right side of the tongue in the locality of Wharton's duct. Very fine bent probe inserted into the opening three-quarters of an inch. Then a small grooved directed was inserted, tissue over director cocainized with Schleich's cocaine solution, 1-1,000, and incised down to the director. Hemorrhage arrested by packing with gauze. Grooved director then directed downward and outward, when a hard, rough surface was felt. With a small scalpel the tract was enlarged along the grooved director until the director slipped by the object, and then by using the director as a lever the object was lifted out. Wound packed with iodoform gauze and left to heal by granulation. The calculus was three eighths of an inch long and one quarter of an inch wide and one eighth of an inch thick. Was rough and whitish in color and quite hard.

Result.—Wound healed completely. Swelling under right side of lower jaw disappeared and discharge of pus into mouth ceased. Patient suffered no more attacks of tenderness and pain in region of right submaxillary gland. A year later finds her in good health with no discomfort referable to her past trouble.

PERTUSSIS

By Dr. J. A. Burnett, Pauline, Ark.

Pertussis is a contagious disease and occasionally epidemic and in some large cities endemic. It will affect a person at any age but as a rule is found mostly in children. As a rule it occurs but once in the same individual, but has in a few instances been known to occur as many as three times in the same individual.

This disease can be communicated from the very beginning of the catarrhal stage and during the entire spasmodic stage and probably longer. Quarantine is required for two months from the beginning of the attack and in some cases a much longer time.

It is possible that pertussis can be carried by the third party but this is not often the case and a person would have to be in close contact with the patient and go at once to another person.

The incubation period is from seven to fourteen days or about the same as measles. It has no exact date. After exposure if symptoms do not develop within sixteen days the disease has not likely been contracted.

In pertussis there is a catarrhal inflammation of varying intensity of the mucous membranes of the larynz, trachea and bronchi and in some cases the nose and pharynx are involved. The principal complications are bronchial pneumonia and convulsions.

The symptoms of pertussis are divid-

ed into three stages—the catarrhal, the spasmodic and the stage of decline.

The average duration of the catarrhal stage is about ten days, although this varies considerably. Some children whoop almost from the beginning of the disease while others will cough for several weeks before the whoop is noticed. During this stage there is often a slight elevation of temperature. The cough instead of abating in about five or six days, as is the case in an ordinary cold, increases in severity until a whoop is heard which is the beginning of the spasmodic stage.

In the spasmodic stage children of three or more years of age can usually tell when a puroxysm is coming on and will often run to the lap of the mother or nurse or seize a chair when a series of explosive coughs from five to twenty in number come on in rapid succession so rapid that the child cannot get its breath between them. With the final paroxysm a mass of tenacious mucous is usually brought up. In some cases vomiting and epistaxis occur with each paroxysm. The severe paroxysms cause perspiration and confusion of mind. In some cases in young infants the whoop is frequently not marked.

The spasmodic stage. usually lasts about a month. The intensity of the cough will increase for the first two weeks then remain about stationary for a week and there diminish in severity. In mild cases this stage may not last longer than a week while in other cases it may last for three months.

In the stage of decline the severity of the paroxysms gradually abate and the cough more and more resembles an ordinary cough.

In the early part of the catarrhal stage it is impossible to make a diagnosis as the cough is so near like an ordinary cough. In the course of a week when the cough gradually becomes worse or when it fails to yield to treatment after a week or two it is well to suspicion pertussis.

Pertussis is very dangerous during infancy when the child is less than a year old, but with children of about four years of age it is not very fatal and rarely ever kills one. It is stated that two-thirds of the deaths caused by whooping cough occur during the first year of life.

In the treatment of pertussis belladonna or atropine is used extensively by many physicians. In most cases atropine and calcium sulphide will give good results. If calcium sulphide is used it should be continued for a considerable length of time. The patient should be kept saturated with it, that is enough should be given to keep the patient's breath of the same odor of the drug.

Lobelia and chestnut leaves either alone, or in combination, is often of great value. It is claimed by some that chestnut leaves is specific for pertussis but such claims cannot always be relied upon. I have found that most of them will disappoint a physician.

Quinine in many cases is of value and as it is apt to disturb the stomach it should be usually used externally, especially during the winter months.

I prefer to use quinine externally in most all cases in diseases of children. Have seen many that would not retain it by stomach at any time.

Many other drugs are occasionally indicated in pertussis but the above are the most important.

TENIA

℞

Pelleterine tannate . . . ʒv-x.
Aquae menth. pip . . . . . ℥ss.
Aquae . . . . . ʒsi.

M. et S. To be given following a fast for one day; one-half hour after administration give a saline cathartic.

S. E. Earp, M. D.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

THE WHIPPING POST

One may ask, reading Dr. DeArmand's article in March Recorder: Why is it that there are wife-beaters to suggest whipping posts? Why do women live with fiends? Why do homes that are hells continue even for a day? I answer partly because some women lack courage to leave the society of a brute whom they call husband. They fear Marm Grundy, sham society and poverty. Back of all is an unhealthy industrialism afflicting mankind the world over. The wolf of want is at the door of every laboring man's home. If the "wife" would leave that home there stands Want's Wolf ready to snatch her. There stands Marm Grundy ready to slander and defile her and she turns back and an intoxicated fiend thrashes her. This fiend gets work sometimes at $1.50 per day, the wife works, the children work and all have lost ambition. There is no comfortable spot in the hovel called "home." No wonder the work weary man seeks a public house to rest easy after work hours. Profit-seekers keep that house, they are skilled and trained in the art of selling beer and whiskey. The working man is an easy mark, he has a few dimes. The saloon soon gets them. Now the man is a lunatic, he is drunk. Sometimes he beats his wife. The Prohibitionist cries out, "Stop the production of liquors." This can not be done as long as there are prizes called profits that men by doing business can obtain and trample upon each other in the quest.

If some one from a house-top should throw gold eagles into a great crowd of people below there would be a rush for the money, a panic and many would be trampled to death. The man throwing down the money would be forced to stop in the interest of humanity.

Today the masses stand upon the edge of want, and starvation is a frequent reality. Read Hunter's "Poverty."

To these hunger-menaced people gold from any source means relief. If law can be evaded or if it permits a man to make money by establishing conditions injurious to the race in general thousands are ready to spring for those opportunities and some in the rush get under foot. The man who gets drunk is under foot, he has lost self-restraint, temper and the sense of decency. He will strike a woman. He is a fiend. To whip him is only to trample upon him some more.

No, we cannot close the grog shop where he goes for rest and gets boozy until we stop the conditions that give profit to the liquor traffic. How can this be done? Simply enough. "Let the government own the liquor trust." But some one will say, sober men will beat their wives. If the Want Wolf is at the door this fact points to an economic disease for which society is to blame.

If the Want Wolf is not there Marm Grundy is there and although a divorce lawyer stands ready to help the woman she hesitates.

If she remains with the man that beats her she will beget degenerate children.

The human reptiles of the world,
Are spawned in beds of hating.
In beds of want begotten woe,
Where poisoned spites are waiting.

Such beds, such homes, should never be,
Their cries ring through the nations,

'Til war and woe with gaunt disease,
Stamp unborn generations.

Then drive the wolf of want away,
Gag Grundy's growling tongue,
And say to woman be thou free
To brood in peace thy young.

Whipping posts can not get at the right end of the trouble. The possibility of wife beating should be forestalled by the separation of the two people that are discording up to such a tragic climax. If a man and his wife are known to hate each other the wise and economical thing for society to do is to assist them in dividing their interests.

John and Mary love each other; they are bright and robust young people. They do not marry and make a home, for their income does not permit. They avoid conception and the nice children they might have are never born.

Drunk Dick and Slouchy Sal once loved, but now they despise each other. They do not care any longer what comes. They live on in rottenness and rum from day to day and have children every year or two. Sal has grown too shiftless even to try to prevent conception. Babies are born, they suffer and die. Some live and perpetuate degeneracy.

Society keeps Sal and Dick together but does all in its power to keep John and Mary apart. Shall we erect a whipping post to punish Drunk Dick when he beats Slouchy Sal? Would it not be better to pay John and Mary something to produce some love-born babies?

C. E. Boynton, M. D.
Los Banos, Cal.

℞

Ichthyol.....ʒi.
Boric acid, C. P.....ʒi.
Petrolatum.....ʒii.

M. This is a useful application in dermatitis.

TUBERCULOSIS

As our country is just now in the throes of hygienic and sanitary as well as social and political formation, and, as a majority of my brother physicians of America, irrespective of "school," are at last convinced that tuberculosis is communicable, curable and preventable, I appreciate the honor conferred by your invitation to speak at this time, and hasten to explain just how the most devastating malady in the history of medicine is communicated, how it may be cured and how it may be prevented.

In 1882 Koch discovered that tuberculosis depends upon the infection with the tubercle bacillus; and that this does not and canot occur unless the individual happens to be susceptible because of a vitality lowered through the influence of environment, by disease, or by impure or inadequate food, making him powerless to resist infection.

Pulmonary consumption is due, therefore, to the inhalation of particles of dust containing the disease germs from the spittle of consumptives by those who, though supposedly well, have some weakness of their lungs or bronchial tubes, which weakness provides the nidus or breeding-grounds necessary for the propagation of the germs and forms another infection center or "central office," as it were, from which the disease may spread still further and destroy still more who believe themselves beyond contamination by the disease.

The danger in a consumptive, therefore, lies in his spittle.

Koch, Fisher and others have demonstrated that these bacilli or germs, under the influence of darkness and in the absence of stirring air, i. e., in the corners of rooms under beds, behind furniture, and in many other neglected places, may thrive and remain virulent for many weeks or even months, provided the atmosphere contains moisture and organic matter. They have also

demonstrated that these same bacilli lose their noxiousness under the influence of plenty of sunlight and free circulation of air. It therefore follows that the best conditions, not only for preserving and strengthening the resistance of the body against the inroad of these germs, but also for the prompt destruction of the germs themselves, are found in out-of-door life, systematic deep breathing, judicious exercise and diet.

Objections to this kind of life have been raised on the ground that consumptives cannot stand the necessary exposure; but it has been demonstrated that, if they are well nourished, sufficiently clad, and sheltered from the wind, almost any degree of cold can be defied.

At Falkenstein, Germany, for example, patients of this character lie out of doors many hours daily, during thick fogs and snowstorms, with the temperature of the atmosphere ranging from 40 to 45 degrees below zero. At Tonsaarsen, Norway, tubercular patients remain in the open air from 5 to 9 hours daily, with the thermometer standing at 60 or more degrees below zero. At Saranac Lake, N. Y., at Sharon, Mass., and at Chestnut Hill, Pa., the great cold is said to be endured not only with perfect safety and comfort, but, apparently, with benefit.

In fact, fine weather and especially favored localities are not at all essential to success in this treatment; though sunshine is always desirable when available. It has been shown, however, that most excellent results have been obtained in sanatoria situated in climates laying no special claim to any favorable influence on this disease.

These assertions have been abundantly verified by the remarkable cures effected in consumptives in the chilly climates of the Black Forest of Germany and in the low-lying districts of Holland.

Royal League Sanatorium, Black Mountain, N. C.

In fact it has been abundantly verified that no climate, by itself, however favored, can cure consumption. Meaning that the only consumptive benefited by a change of climate is the one who will take advantage of the open air; for if one will abuse himself by a constant indoor life and unsuitable diet he might just as well be in one climate as in another.

We now know that neither high altitude, dry atmosphere, fine weather, equable temperature nor abundant sunshine are absolutely essential, however desirable. We have learned that were high altitude essential, the successes

recorded in the low-lying districts could not have been chronicled; were fine weather necessary the remarkable results in the Black forest of Germany could never have been attained; if sunshine were the sine qua non for effecting a cure in these cases, consumptives could scarcely remain in many parts of England. But such is not the case.

Patients suffering with tuberculosis have been cured in what appeared to be the most unfavorable climates; and it is therefore now believed that it is the fresh air, proper food, proper clothing, systematic exercise and unremitting medical supervision that has accomplished the wonderful cures at the variously located sanatoria mentioned.

In poverty-stricken Ireland in 1902, 12,180 men and women died of this disease and every year twice as many die of consumption as lost their lives on the British side each year during the Boer war, from wounds, diseases and accidents.

Ireland is the one civilized country in the world today where all experience tables of all insurance actuaries are reversed; for the greatest mortalities from this disease in that country are not in the tenements and alleyways of the large cities, as usual elsewhere, but on the farms, amid the green hills, pure air, plentiful sunlight and clear lakes of sparkling water, where poverty forces whole families to live, eat and sleep in rude huts of but a single room, with often no floor or window for comfort or light and with but a single fireplace for ventilation; and many times not even that.

Ireland is, consequently, the only country where tuberculosis is on the increase today; where the death rate of 19 per 10,000 of its population, in 1870, has increased to 21 per 10,000 of its population in 1904. This is attributed to the excessive use of alcoholic stimulants and to the daily imbibing of much strongly brewed tea; to the deforestation of the country, as a result of which the climate is made moist and harsh; to the character of the food of the masses, which is said to consist mostly of white bread soaked in tea or water; and to a general lack of hygienic knowledge among the poor; such circumstances leading this people, also, to "huddle" in large numbers in single-room cabins, when it is positively known that the prevention, as well as the cure, of consumption depends upon an abundance of fresh air, in which the appetite is sharpened, food assimilated better and sleep made more refreshing.

We are told that such gross ignorance of the laws of health the British government is now attempting to enlighten by sending to "the Emerald Isle" lecturers who are to tell the people the truths relating to pure air, pure food, pure water, sunlight and ventilation.

It might not come amiss to suggest that, with this knowledge gained and this out-of-door-life a fashion, the consequent sharpened appetites may call for more than "white bread soaked in tea or water;" that, really it might work better to "feed first and talk afterwards" as it is a habit some folks have of appreciating lectures more if their gastric juices are meantime employed upon something more tangible.

The fact is that, were tuberculosis better understood by the people generally, the disease would be feared more and run from oftener (though there is never any sense in either fright or flight) than from any other infectocommunicable malady; though the others continue to appear in more pyrotechnic manner. And, if better understood, as it soon will be, consumption would oftener be safeguarded against than at present, (ventilation of our homes and more hours in the open air being better provided for) thus presenting fewer cases in the future for curing and presenting those cases soon

enough to almost warrant a cure every time.

Heredity, as a cause of consumption, can be considered only so far as possibly predisposing a person to the disease because of an inherited physical deformity; showing in a general lack of resisting power to the disease or in proneness to attacks of pneumonia and similar maladies which, during their course, supply the breeding-grounds necessary for the development of the germs characteristic of this disease; or, heredity may account for an unusually narrow or flat chest or for a lack of expansion in the upper part of the chest in descendants of consumptives.

Those of us, therefore, who know ourselves descended from persons of this type, who realize that we have chests narrower and flatter or with less expansion than our more fortunate neighbors of equal height and weight, can begin now, and soon (through proper and systematic exercise in the open air, continuous and systematic deep breathing and proper diet), can overcome our "inherited tendencies."

Those of us subject to some one or other of the diseases predisposing to tuberculosis, or who breathe through our mouths, who have poor ventilation through our nostrils or throats, who suffer with enlarged tonsils, adenoids, etc., can have any obstructions in our throats or nostrils removed, learn to breathe correctly, and otherwise successfully resist our "inherited predispositions."

We can go at this business right; and, no matter what our inheritance, we have a better chance for a long and

Nordrach Ranch, Colorado Springs

painless life than he who inherits the best constitution and abuses it with little sunlight and outdoor air, poor food, poor ventilation of his air passages, poor water, and worse whisky, or bad habits generally; especially if he contracts pneumonia or some similar disease, known to predispose its victims to "the Great White Plague."

What is meant by "inherited predisposition" is the probable transmission of parent to offspring of a similarity of tissues; characteristic, so to speak, of progenitors in accord with the immutable law of nature, for each pair to reproduce their kind; not only in form, size and functions, and in very nature, but in their reaction of environment and their ability to withstand or to be overcome by their surroundings or by disease influences.

This is not only true of individuals or of parts, but of organs and of cells; and it is this susceptibility of cells to invasion by the cause of consumption that forms the danger to be guarded against; so that, just as children may have eyes the color of their father's, or hair the color of their mother's, or voices so similar to either that they are indistinguishable, the one from the other, in the dark or over a phone; it is this which stamps them as of one flesh and blood, and, presumably subject to those diseases which carried off their ancestors.

Inside View of Tent used by Patients at Nordrach

In modern life the so-called "weak lungs," are kept thoroughly tilled by the depressing influences of adulterated foodstuffs, poor ventilation of the average dwelling, of office or workshop, and of the air passages leading to the

lungs, poor water, unsanitary surroundings and too little of out-of-door-life. All these, together with widespread prevalence of the specific morbid germ of consumption, give these unfortunates at one time or another their opportunity to become infected and to demonstrate their "inherited predispositions."

Some of our states have laws against the sale of adulterated foodstuffs; all states should be thus provided, together with adequate and efficiently enforced penalties for infringement of same. And it should be made a felony, with proportionate penalty, for landlords to permit a presumably infected house to be again inhabited without previous disinfection following the removal of a tuberculous patient or corpse; for, to allow this is as criminal on the part of such interested party as it certainly was criminal for government inspectors to allow the use of uninspected so-called "life preservers" on the ill-fated Slocum, or for a building inspector to permit people to enter a building known to be unsound and likely to fall.

This should be made a law, together with a statute citing the duties of the attending physician in such cases and prescribing adequate penalty for nonfulfilment of same.

All this is laudable; all is really necessary to prolong human life; but how about the air in the majority of our homes, which air we voluntarily and oftentimes breath very much contaminated. Let in the fresh air plentifully at all seasons, remembering that the only pure air obtainable, night or day, is outside air.

Today the profession unhesitatingly proclaims a method for its cure and for its prevention, and as unhestitatingly asservates that if taken in time and properly managed (and the best management naturally obtains in a well regulated sanatorium) tuberculosis is more curable than any other of the so-called chronic diseases.

The out-of-door-life required at these sanatoria quickly fortifies a man's bodily powers; his skin, hair and nails toughen and thicken; pulmonary catarrh stops; his emotions change; all his powers are concentrated in building and repairing; incidental disaster effects him but little; he falls to sleep at twilight and awakes at dawn, hungry and ready to eat; he changes from a hothouse plant to an oak.

My first patient in St. Paul (seven years ago) was one suffering with all

Isolated House for Tuberculosis Patient

of the signs and symptoms of consumption excepting hemorrhages. This case I sent to San Antonio, Tex., with the injunction to live out of doors. He returned after two years apparently cured; and has remained apparently perfectly well ever since.

One fancy obtains with this man that is common to all who take the out-door treatment; viz.—he feels that he can never again get too much fresh air in his bedroom. This he can obtain, on the farm where he is employed, "without danger of freezing out every one else on the place," only by sleeping in the barn where the plentiful cracks in the

sides of the building afford him that character of air, no matter what the season, his lungs became accustomed to in Texas and which those organs still crave.

This class of cures invariably crave their bedroom windows wide open at night, regardless of the temperature or other character of the weather outside; consequently these people remain well, while many others, especially in this climate, sleep in rooms where the windows are seldom opened in the winter, even during the day, and often fall victims to this great plague and then wonder how.

Despite this and many other similarly successful experience with my patients in milder climates away from home, I would not today recommend a change of climate for this class of patients without other reasons than the mere fact that they had tuberculosis; for we know that "home sickness" frequently hastens the death of consumptives far from home, and we also now know, from experience that cures effected in the home climate in which the patients will have to reside and earn their living after their restoration to health, are more lasting and assured than cures obtained in more genial climes.

Winter Shelter Massachusetts State Camp for Consumptives

Almost the first question put to the physician by the family of a consumptive is: Shall we tell him the truth?

Most certainly: If he be curable.

The profession is today almost unanimous in the belief that it is imperative for a patient, if he be a curable one, to know his condition, and that it is a remnant of the Dark Ages to keep

this knowledge from him with the mistaken notion that it spares his feelings and increases his chances of recovery.

Ignorance of his true condition may kill him.

We can easily imagine that, when consumption was considered incurable, such a plan, as ignorance of his condition, might have been best; but today we know that the disease is curable, providing we appeal to the intelligence of the individual and gain his assistance.

Patients not having been told their condition, do not see the necessity of arranging their affairs so that they can enter into the campaign against the invisible foe. To be told that you have consumption increases your chances for recovery many fold, for you will then take hold and do something; and it does not make you any more tubercular.

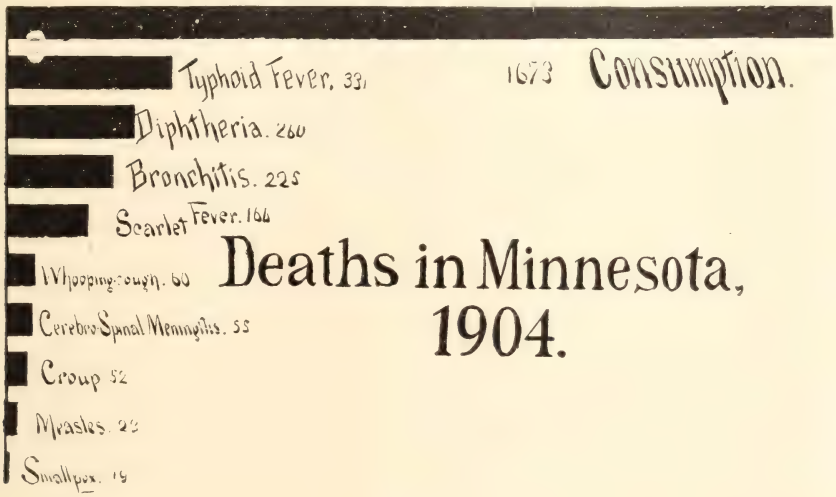
It is generally understood, and good sense should teach us, that the earlier the trouble is discovered, the more chances one has of cure. Before the advent of the microsope in diagnosing the disease, it is no wonder that many mistakes were made, as the physical signs in the chest in the earlier stages of the disease are often misleading, or so slight as to escape detection. Today, with the aid of the microscope, a positive diagnosis can be made. If bacilli are found, you have consumption and should know it; if they are not there, you have not the disease, and it may please you to know as much.

Farm House in Ireland

Let all know of the prevalence of the specific infecting medium of consumption; let them look at the dust in the path of a sunbeam; let them put two

and two together and presume all such dust infected; let any "inheriting a weakness" avoid all trades in which much dust is produced (especially mechanical sand papering, cigarmaking and stonecutting), for such dust is known to irritate the air passages and cause catarrh; let them know that an attack of any one of the several maladies mentioned lays them peculiarly liable to consumption; let them know the disease is curable, though communicable, and that it is preventable; let them live as much as possible in the open air; let them sleep only under porous bed clothing and only in well ventilated rooms; let them, with their heads and bodies warmly clad, even sleep with a breeze blowing across their faces, if they like it; let them know that, despite prejudices in this direction, experience (that greatest of monitors), has demonstrated that they may thus defy the elements; let them wear sufficient outer clothing when in the open air in cold weather; let them take a one minute cold plunge or shower bath every morning, rubbing briskly with a crash towel until the skin is aglow; let them keep their feet dry and warm; let them know that it is not the 20 or 30 cubic inches of air that flows into and out of their lungs with each respiration, but the 100 cubic inches of air that can be, but is not, usually, exhaled, which must be looked after in the prevention as well as in the cure of consumption; let them, therefore, acquire the habit of systematic deep breathing; let them avoid stimulants; let the young men thus threatened learn to live the life of a man of forty-five years; or, contracting one of the predisposing maladies mentioned, let them take every known chance to recover quickly.

Should any contract this disease and prefer, and know themselves financially able to take the proper treatment at home, let them remember the danger of infection to their family and neighbors; and, in using the so-called "sanitary spit-cloths," let them not tuck one into a pocket or under a pillow, to destroy at their leisure, and believe they are taking "sanitary precautions;" let them remember that, most likely, they may rub off, on the lining of their pocket or on to the pillow case, some of the germ-filled sputum which such precautions are supposed to obviate; let them remember this and, every time they use one of these cloths, let it be immediately immersed in a one to 500 watery solution of alphozone or, better still, burn-



ed; or let them use, preferably, the so-called "pocket cuspidor" containing the same solution of alphozone or a 4 per cent solution of chloride of lime.

Tuberculosis pulmonalis cost Minnesota in 1904, 1673 lives that we have been officially notified of; while other forms of tuberculosis cost us 273 more lives during the same period. With the proposed sanatorium at Leech Lake a fact, and this malady recognized by state law as "an infectious disease dangerous to public health" and governed accordingly, this mortality can be cut in two within five years. For we certainly have the finest climate on earth and we have, already paid for, the finest location for a tuberculosis sanatorium in this climate.

The situation of a sanatorium, so far as exposure, drainage, water supply, shelter from prevailing winds and freedom from dust-laden air, are concerned is universally recognized to be of the utmost importance; and we certainly have all these at Leech Lake.

Everything should be planned to encourage living out of doors with comfort in any kind of weather and to render this in no way irksome; for the habitutation to an out-of-door life and to the natural changes of the temperature and inclemencies of the weather, is a potent factor in invigorating the patient and in increasing his resistance to disease which is so largely due to an indoor life and its evil consequences.

To prevent and to cure consumption we must adhere in all things, at all times, under all circumstances, to all conditions which make for perfect health. As it now stands, the state saves money and spends lives. Let's reverse this in Minnesota. We should have state laws with which to do this. Yet the state has no moral right to place upon its statutes a law demanding the segregation of one class, even if dangerous to public health, for the benefit of others, without first providing adequate and free accommodations for these unfortunates. Let the state, therefore, provide the proper institution and each county bear the expense for proper isolation therein of its indigent consumptives. Require each tuberculous person to either show that he can afford to and is taking all precautions demanded by the laws governing such cases at home or at a private sanatorium, or to accept public assistance in effecting his cure. For:

"We must care for the consumptive in the right place, in the right way and at the right time until he is well; instead of, as usual, in the wrong place, in the wrong way, and at the wrong time, until he is dead."

R. B. Leach, M. D.

St. Paul, Minn.

The above is part of an address delivered by Dr. Leach at an open meeting of "The Modern Samaritans." We regret that our space does not permit us to publish the entire address.

NUX VOMICA

Nux vomica is a remedy which has a very wide range of usefulness in various diseased conditions and is a remedy which is extensively used at present and has been for several generations. Nux vomica is a more useful remedy and has a much wider range of action than strychnine or brucine, that is strychnine or brucine is not a good substitute for nux vomica. One writer compared the diseased system to a mud hole and said that strychnine would lift out only one-half but that nux vomica would lift out the entire cart. This was a very good illustration of the usefulness of the two remedies as it is plain enough that nux is by far the most useful. A patient can take nux vomica for a considerable length of time with benefit when strychnine would be injurious and could not be tolerated by the system. Strychnine is

not well adapted for the use of children and in many cases is not well tolerated or does harm. Nux vomica has just the opposite action on the system that lobelia has. These two remedies antidote each other, nux vomica takes up slack in all parts of the human body while lobelia relaxes all parts of it. If these two remedies are well understood a vast number of diseased conditions can be relieved as there are no other two remedies which have so complete an influence upon the entire human body and each is opposite in action. Nux vomica is usually more often indicated in latter part of life that is adult life especially in old age while lobelia is usually more often indicated in the early part of life especially, during childhood. Both of these remedies have a powerful influence upon the nervous system and will cover many derangements in diseased conditions of the nervous system. These remedies also have a valuable influence upon the liver and various other parts of the human body. As nux vomica and lobelia inflata have such an influence on all parts of the human body and their action is opposite, one can see the real value of a comparative study of the two agents and their wide range of usefulness. Likely no other two agents will meet as many diseased condtions as nux vomica and lobelia inflata, hence a physician should always have them on hand. If a physician has these two remedies and thoroughly understands them he can use one or the other in almost any condition with some benefit if he does not have other remedies at hand which are more indicated. Nux vomica will give good results when the tongue is broad and pallid, the pulse feeble and in relaxed conditions. It is more adapted to asthenic cases.

Lobelia inflata will give good results when the tongue is contracted or enlongated or pointed, the pulse strong and full and when relaxation of any or all parts is needed. It is more adapted to sthenic cases.

Nux vomica is a valuable remedy to use in combination with other remedies. In atonic cases of intermittent fever 5 or 10 drops of specific nux vomica added to two ounces of fluid extract of sabbatia angularis and 20 or 30 drops given every three hours between the intervals of the chills will be of much value. The same compound given in 10-drop doses every hour for six hours or longer, beginning six hours or longer before the chill is due will be found to be of great value in preventing the chill. It will be far superior to quinine for such purposes. If the chills are kept off with this compound and a few doses of Brodnax's acid iron tonic given between times and about three doses of sodium hyposulphite given three times a day, good results will be obtained in all atonic cases of intermittent fever. Nux vomica is an excellent stomach tonic, especially when alternated with some good preparation of iron and for this purpose the Brodnax acid iron tonic is the best.

A stomach tonic should not be used when the bowels are constipated and the liver inactive and for simple cases of acute constipation and mild cases of torpid liver sodium hyposulphite will be very satisfactory. Sabbatia angularis will greatly assist the action of both nux vomica and sodium hyposulphite in such conditions. The value of nux vomica is very well appreciated by most physicians but the exact indications calling for its use should be more closely studied. J. A. Burnett, M. D.
Pauline, Arkansas.

℞

Pulv. zinc oxide.....ʒii.
Pulv. benzoin.....ʒii.
Pulv. talcum..... ʒi.

M. This is a good dusting powder for many irritated conditions of the skin.

A QUERY AND REPLY ON ACID IRON TONIC

Recently I wrote John B. Daniel, the manufacturer of Daniel's concentrated tincture of passiflora incarnata, a very well known and useful preparation, and asked him the following questions:

Please tell me all you know about the following. I have seen it highly recommended in various diseases:

℞

Nitric acid, full strength, 4 parts.
Hydrochl. acid, full strength 4 parts.
Iron sulphate, 1 part.

M. Let stand twenty-four hours and it is ready for use.

How long should I wait after the acids are mixed until the iron sulphate should be added?

After the acids are mixed before the iron sulphate is added should they be tightly corked or left open?

After the iron sulphate is added during the first twenty-four hours when being digested should it be tightly corked or left open?

How long could this mixture be kept on hand without being injured by age?

The following is the answer:

"In regard to the nitric acid and hydrochloric acid I would mix the two together and set them outside of a window where the fumes would not get into the room for this forms nitro-muriatic acid which is very injurious breathed into the lungs.

After the effervescence has ceased you can then add the iron and let it stand for a considerable time until the iron is dissolved. Be sure not to cork the bottle at all as it would certainly explode. After you have added the iron be sure not to cork it until all of the iron is thoroughly dissolved.

This mixture can be kept on hand any length of time as it should be kept in dark bottles covered with paper."

This acid iron tonic is a very valuable preparation and all information in regard to how it should be prepared should be known.

J. A. Burnett, M. D.
Pauline, Ark.

TREATMENT OF ERYSIPELAS

Pilocarpine, 1-6 grain, repeated every hour until sweating or salivation occur has been advocated as a specific in the sthenic form of erysipelas. Nitroglycerine, 1-50 grain, every 2 or 4 hours until its physiological effects are produced is also classed as a specific. While in the asthenic form the tincture of iron becomes the specific remedy. I have used all three remedies as specifically indicated and they do mitigate the disease, although the local application of a 1 to 4000 solution of bichloride of mercury has given me more satisfaction, and more comfort to the patient than any other internal or external remedy I have ever used. A piece of gauze sufficiently large to cover the affected area, kept moist, will remove the erysipelas discoloration in 24 hours, and you will be told that the patient has not had erysipelas. I prefer leaving the moist bichloride gauze remain in situ about 48 hours, as if removed too early the eruption will reappear in its original form. Try this and you will use it again.

E. N. Ritter, M. D.
Williamsport, Pa.

PERTUSSIS

℞

Bromoform ..... m xvj
Muc. acaciæ ..... fl. ʒiss
Syr. tolutan ..... fl. ʒss

M. Sig. Teaspoonful every two or three hours. Shake well before using.—Merck's Archives.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

MEDICAL TREATMENT OF DISEASES OF THE GALLBLADDER.

There is, at the present stage of medical and surgical knowledge, no reason to doubt the necessity for operation in certain forms of gallbladder disease. But on the other hand there is a tendency to depend too much on surgical interference and underrate the effectiveness of medical treatment. The Rundschau has repeatedly called attention to the encroachments by the surgeons and the fallacy of many of their claims and tried to encourage greater reliance on therapeutics. Why should physicians hand case after case and field after field over to the surgeon? Certainly a great deal can be accomplished by purely medicinal treatment. Kuhn (Munch. Medizin. Wochenschr.) says that thymol, menthol and the salicylates display considerable efficiency in disinfecting the biliary passages without serious by-effects. Salicylic acid passes into the bile in large amounts and even in comparatively weak solution checks the fermentation of the bile. All the numerous tests resulted positvely and justify the assumption that the salicylates can be used for effectual disinfection of the biliary passages. Exhibition of the salicylates therefore in cases of cholangitis and cholecystitis is to be commended to the general practitioner. Further tests of a combination of two or more of the above mentioned drugs seemed to demonstrate a still more effectual action. The writer found that the gas-producing power of the bile derived from a biliary fistula was very much reduced when the subject was under the influence of the salicylates alone or combined with menthol or thymol. Bile from a biliary fistula exhibits progressive fermentation, but when the subject has been taking these drugs the fermentation is much less intense and subsides much earlier. The effect of the drugs is not perceptible, until after they have been duly absorbed and it lasts for some time after they have been suspended. The best internal medication in cases of inflammation in the biliary passages is, consequently, salicylic acid and its salt. Chauffard of Paris in a clinical lecture on the therapeutics of infected cholelithiasis relates a number of cases in which he derived excellent results from a combination of sodium salicylate with salol and betol.

HYDROTHERAPY IN MENTAL DISEASES.

Kellog (Blaetter fuer die Klinische Hydrotherapie) recommends the use of hydrotherapy in all diseases of the mind and expresses his belief, that in time the sleep-producing drugs will have to yield their place completely to the employment of the water cure. He describes the case of a woman with acute mania, who had slept little over six weeks, in spite of heroic doses of hypnotics, several nurses were required to restrain her. A bath at 95 deg. F. quieted her in fifteen minutes, and after a second bath some hours later she slept the entire night. The bath and wet packs sufficed from then on to keep her quiet until her discharge three months later, cured. At the Manhattan State Hospital all excited patients are put into the bath at their arrival and kept in constantly flowing water of 99 deg. F.; within a short time they fall asleep in their baths. The patient is kept in the bath from a few hours to some weeks, depending on his men-

tal state. The skin does not suffer greatly by these prolonged baths. He also employs sitzbaths, sweatbaths, rainbaths, needly douches, warm and cold packs and Scotch douches. The latter he considers one of the best known tonics. Another system of treatment in disease of the mind, which has proven efficient, is fresh air treatment. The patients are kept in tents all summer and fall, until the cold weather sets in, and more patients have been discharged cured in Manhattan by this combination than ever before.

WOMEN AND LIFE INSURANCE.

Modern conditions of life have brought on the necessity for many women to carry insurance protection, and general statistics, taking the population generaly, show that the expectancy of life is about three years more in females than in males. Many insurance companies have let down the bars, admitting women to insurance on practically the same plan and rates as men, arguing that the greater risks to which the female sex may be liable are counterbalanced in the male by the great risks from exposure, occupation and harmful habits of life. Other companies, however, do not care for women as insurance risks. This is probably due to the impossibility of forming an estimate of time and conditions, when in healthy young women diseases of the genital apparatus may develop which are a menace to life, and to the great difficulty with which adequate examination of the pelvic contents can be obtained. The danger from gonorrheal infection is ever present, with its sequelae of pus tubes and pelvic abscess; the risk of childbearing is much greater in primiparae than in multiparae; a laceration of the cervix, though not extensive, may become the starting point for insidiously developing cancer, to which every woman in advanced life is particularly prone. The writer, not long ago, had to examine for insurance in a fraternal order a handsome young Irish woman, the very picture of robust health, with fair personal and family history. Nothing to indicate disease or tendency to disease, except a certain muscular flabbiness and general laziness. I had "a hunch" and would not recommend here. Not long afterwards she married a man whom I knew to have an incompletely cured gonorrhea. A year later she had a child and commenced to go into a decline, just what I expected would occur, as I wrote to the medical director. At the time of examination, however, there appeared hardly any ground for rejection.

Most insurance examinations of women are unsatisfactory. Even a thorough investigation of thoracic organs, readily made in a man, can rarely be made in a woman, owing to their notions of modesty and peculiarity of dress. It is most difficult to get a female applicant for life insurance to submit to a pelvic examination, reliance has to be had almost solely on questions and subjective symptoms. Yet is it not inconsistent that the reproductive organs, upon which so much depends, should not be investigated, except by a few questions which elicit only partially reliable answers? But insurance companies do not seem to encourage such examinations, at least their blanks do not demand them. With a little tact, however, an examiner will succeed in having female applicants submit to a complete examination of the pelvic organs. Then life insurance for women will rest on a substantial and reliable basis, not until then will it be more than an unbusiness like experiment.

The person who has no sense of beauty misses much of the enjoyment of this world.

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Society news and reports and items of interest are gladly received.

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VOL. 8 MAY, 1905 No. 5

LITTLE STORIES FROM LIFE

IV.

He was old and wrinkled and gray, but his step was firm and his mind bright. For a half century he had served the community in which he had lived. At all hours and in all weathers he had gone to relieve pain and keep away death. Like all doctors he kept his own secrets as well as his patients'. The deeds of kindness and self-sacrifice which he had performed were never mentioned by him. He not alone had given freely his best skill to the poor widow but he had brought her nourishing food she needed. He had, without thought of pay, saved the poor man, who was taken with the terrible fever, and caused to be spared the father needed by the large family. He had in countless ways been the hand of Providence but he took no special credit to himself, simply doing his duty as he saw it from day to day. He was loved and respected by the people but not understood. No one outside the medical profession understands the cares and responsibilities of the physician. Many a gray hair in this old man's head had been put there by the care of some case which he had taken through some perilous sickness. Many a wrinkle had come from the strain of some surgical case. The pleasure of success in a difficult case, the saving of a valuable life, were far more to him than the pecuniary remuneration. This is not a fanciful sketch; most communities have just such men. The old family doctor is a grand, gentle old man. His neighbors may not know his real life's work but it is recorded above where it will never fade.

"To be day and night at the beck and call
of men who ail and women who lie;
To know how often the rascals live, and see
with sorrow the dear ones die;
To be laughed to scorn as a man who fails,
when nature pays her terrible debt;
To give a motherher first-born's smile, and
leave the eyes of the husband wet;
To face and brave the gossip and stuff
that travels about through a country
town;
To study at night in the papers here of new
diseases and of human ills;
To work like a slave for a weary year, and
then to be cursed when I send my
bills!"

"Upon my honor, we're not too hard on
those who cannot afford to pay.
For nothing I've cured the widow and child,
for nothing I've watched till the night
turned day;
I've earned prayers of the poor, thank God,
and I've borne the sneers of the
pampered beast;
I've heard confessions and kept them safe
as a sacred trust like a righteous priest.
To do my duty I never have sworn, as oth-
ers must do in this world of woe,
But I've driven away to the bed of pain through
days of rain, through nights of snow."

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, Issued Monthly, Under the General Editorial Charge of G. P. Head, M. D. Vol. II, Series 1905. General Surgery, Edited by John B. Murphy, M. D., Professor of Surgery, Northwestern University Medical School. Pages, 545. Cloth. Illustrated. Price, $1.50. The Year Book Publishers, 40 Dearborn St., Chicago.

In reviewing the year's literature on surgery Dr. Murphy has especially selected articles based on a large experience, sufficient to make the statements authoritative. Diseases of the gall-bladder receive considerable attention which recent progress warrants. The recent developments in surgery of the stomach and intestines are given at some length. The number of operations on the kidney is increasing and this subject is well presented. In fact all the recent developments in surgery are discussed in the book. The large amount of surgical literature of the past year and the editor's judgment and experience in selecting and making abstracts assure the reader of a good review of the subject. The book contains seventy-six illustrations and a copious index.

The series of ten books is furnished on receipt of $5.50 in advance.

THE DOCTOR'S WINDOW. Poems by the Doctor, for the Doctor and about the Doctor, Edited by Ina Russelle Warren, with an Introduction by William Pepper, M. D., LL. D. Pages 288. Illustrated. Silk Cloth, Price $2.50. The Saalfield Publishing Co., Akron, Ohio.

This volume is one of the popular Physicians' Recreation Series now being issued. The book is a collection of poems which will appeal to every physician. The poems have been gathered from various sources, local and medical journals and some were written especially for the volume. This collection puts in permanent form many entertaining and valuable poems which otherwise would be buried in periodical literature. All sides of a physician's life and work are touched by these poems. Some of the authors represented are Austin Dobson, Eugene Field, Dr. O. W. Holmes, Dr. S. W. Kelley, Dr. Edward Jenner, Will Carlton, James Whitcomb Riley, John G. Saxe, John G. Whittier, Dr. S. Weir Mitchell.

The book is a good one for the doctor's reception room table and for the doctor's own library for frequent use. In preparing banquet programs, writing papers and preparing addresses the physician will find in the book a wealth of matter suitable for quotation.

The book is illustrated with four full-page plates, photograveure reproductions of famous paintings. It is beautifully bound in brown silk with gilt top.

THE OPHTHALMIC YEAR BOOK. A Digest of the Literature of Ophthalmology with Index of Publications for the Year 1903. By Edward Jackson, A. M., M. D., Emeritus Professor of the Diseases of the Eye in the Philadelphia Polyclinic, etc. Pages, 260. Cloth. Illustrated. The Herrick Book and Stationary Company, Denver, Colo.

This volume presents a review of a

year's literature on ophthalmology, by a well known ophthalmologist. The world's literature in a year on this subject is very large and Dr. Jackson has selected from this mass the articles representing important advances. The book represents a large amount of work and the abstracting has been done carefully. Every ophthalmologist should have these year books on his specialty. The general practitioner will find them useful for information on all branches of the subject. The volume has a voluminous index, adding much to the worth of the work. The volume contains forty-five illustrations and a full page colored plate.

PRACTICAL PEDIATRICS. A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. Graetzer, Editor of the "Centralblatt Fur Kinderheilkunde" and the "Excerpta Medica." Authorized translation, with numerous Additions and Notes, by Herman B. Sheffield, M. D., Instructor in Diseases of Children, and Attending Pediatrist (O. P. D.) New York Postgraduate Medical School and Hospital; Visiting Pediatrist to the Metropolitan Hospital and Dispensay, etc. Pages XII-544. Crown Octavo. Flexible Cloth, Round Corners. Price, $3.00 net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia.

This book from the pen of Dr. Graetzer, the eminent prediatrist, is a notable contribution to the subject. The volume is a condensed reference work enabling the practitioner to quickly find the practical points on any pediatric subject. Dr. H. B. Sheffield, the translater, has added numerous valuable notes from his own large experience. He says in his preface, "There is, to my knowledge, no book on pediatrics which presents in so small a space such an abundance of practical and clinical material, pathological and bacteriological data; and details of etiology and diagnosis, as the volume in question." One section of the book is devoted to materia medica and therapeutics, presenting in alphabetical order, all the drugs and therapeutic measures used in pediatric practice. This section contains numerous valuable formulas.

One feature of the book is that it is not limited to descriptions of the typical cause of diseases but gives the numerous deviations from the type which so often baffle the skill of the practitioner. The work will be welcomed by the many physicians looking for up-to-date, practical information on pediatrics.

BOOK NOTES

The University of Chicago Press has just issued a work in two volumes by Prof. J. Loeb, of special interest to physicians, entitled "Studies in General Physiology." We shall review the work in the next Recorder.

Dr. Joseph Macdonald, Jr., has severed his connection with the International Journal of Surgery and has purchased the American Journal of Surgery and Gynecology which will hereafter be published in New York City. We shall miss the vigorous editorial utterances of Dr. Emory Lanphear, who has conducted the American Journal successfully for many years.

"How to Live" is now published at Ravenswood Station, Chicago, with Dr. Geo. F. Butler literary editor and Dr. W. C. Abbott managing editor. This magazine teaches how to live better physically, mentally and morally and works with the physician and not against him, as most so-called health magazines do.

The "Way to Win" is the naem of a new magazine, edited by A. S. Burdick, M. D., and published at 1412 East Ravenswood Park, Chicago. Leading articles in the current number are: "Opportunities in the Irrigated Regions of the West," "Some Men Who Have Won Success in California," "Where Shall the Young Doctor Locate." The latter article is by the editor and should be read by every young man contemplating the practice of medicine.

McClure's for May contains the continuation of Lincoln Steffens' "New Jersey: A Traitor State," which is attracting wide attention. "Hans, the Wonderful Horse of Berlin," by Edward C. Heyn, tells about the most remarkable educated horse in the world. "A Knight-errant of the Intellectual Life," by Wm. James, presents the life-work of Thos. Davidson, who tried to be on earth what good people hope to be in heaven. "The Terror of the Sea," is an illustrated article on icebergs, by R. T. McGrath. The fiction of the number is unusually interesting and strong. The number is fully illustrated, many of the illustrations being colored.

The May number of The Twentieth Century Home contains "Bringing Nature Back to the Cities," by Allan Sutherland and Loveday A. Nelson, a description of methods of garden and plant cultivation by school-children in the cities; "The Evolution of the Veranda," by Mary H. Northend; "The Pleasures of a House-boat," by George Porter Fernald; "Bird Homes and Their Makers," by L. W. Brownell. There is a second of Doctor Taylor's articles on the "Conservation of Human Beauty," and an interesting historical one on "Beds," by Esther Singleton..

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The three leading articles in Everybody's Magazine for May are: "Frenzied Finance, the Story of Amalgamated," by Thos. W. Lawson; "The Greatest Trust in the World," by Charles Edward Russell; "The West Coast Land Grafters," by Bailey Millard. The number is a strong one even without the three articles named. Harold MacGrath, author of "The Man on the Box," has a capital story of politics entitled "Two Candidates;" Zona Gale has a delicate story of sentiment, "The Other Two;" Rex E. Beach contributes a strong Klondike tale, entitled "The Scourge;" Vincent Harper tells a capital Wall Street story in "The Flurry in Bubbles;" Miss Bensley continues her actual "Experiences of a Nursery Governess."

"Does It Pay to be a Literary Woman?" by Jeannette L. Gilder, is the title of the leading article in Leslie's Monthly Magazine for May. The consensus seems to be that it pays not necessarily in dollars and cents, but in the satisfaction one gets from the work. Miss Agnes C. Laut continues her "Vikings of the Pacific," with the story of Captain Cook, and C. F. Bourke gives his absorbing history of the Pinkertons. A good article on "Our New Ambassadors" is by Frederick T. Birchall, while Burton J. Hendricks writes of "The Bill Board Abomination." An interesting personality sketch is one of James Farley, the originator of a profession—strike breaking. The fiction in the number is fully up to the standard Leslie's has been setting lately.

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With the air full of chatter about the value or lack of value of men at

certain ages, a contribution to the discussion by Prof. James H. Canfield, in "The Cosmopolitan Magazine" for May, entitled "The Philosophy of Staying in Harness," has a wide interest. Photographs of many octogenarians and nónagenarians who still are active in commerce, law, politics and finance emphasize the point which the writer undertakes to establish. "American Wrestling vs. Jujitsu," by H. F. Leonard and K. Higashi, illustrated by a series of wonderful photographs showing the various holds in wrestling and jujitsu, throws a new light on the subject of Japanese bone-breaking. Other special articles are "Hunting with a Camera," by J. Maclair Boraston; "A West Indian Cruise," by T. Jenkins Hains; "Great Sieges of History," by Cyrus Townsend Brady; "Coal," in the Great Industries series.

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In the May number of Lippincott's Magazine the opening novelette, by Ella Middleton Tybout, is placed in the little State of Delaware. So completely charming is "The Turn of the Tide" that it seems likely to be the forerunner of considerable "Blue Hen State" fiction. "Braeburn Bonnie," a long short-story of a dog-show, is by Ralph Henry Barbour. General Charles King contributes "A Lass of the Laramie." "The Derelict of Silver Saddle," is a story of the plains, by Grace McElroy. Owen Oliver writes of "The Man Who Was Faithful." The two papers of the month are diverse in subject and both interesting: "Where Poets Lived and Loved," by Anne Hollingsworth Wharton, contains anecdotes of Wordsworth, Coleridge, and others; and Dr. Charles C. Abbott contributes an article called "Nonsense Names in Natural History." There is no falling off in fresh jokes in the "Walnuts and Wine" department.

The price of Lippincott's is $2.50 per year. For $2.65 we send Lippincott's and The Recorder one year and 1,000 premium labels.

Joseph B. Whiting, M. D., one of the best known physicians in the northwest, died in this city March 28, aged 72 years. He was a typical old-school gentleman and physician, a gentleman of honor and education, a physician of skill and wide experience. For years he had taken a prominent part in the medical societies of Wisconsin, where his familiar face and eloquent words will be missed.

When addressing us please write your name and address very distinctly, or better, send a printed card or labels. We give 1,000 premium labels with subscriptions paid a full year in advance but we cannot be responsible for errors if orders not made out plainly.

THE SLOW DIAGNOSIS

Oh Diagnosis, look ye, look ye in,
Till fire of fever well is on its way
Don't add the water engine's thunderous din
To conflagration till the papers say,
How it began, and map it out with care,
So sage and solemn scholar do not fear,
No matter if the heart beats shake the air,
Touch not until you have the outline clear.
Touch not until diagnosis finds it all
Until with breast inflated you can cry,
This is the fault, I write it on the wall
And though it is too late I've found the why.

C. E. Boynton, M. D.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

TREATMENT OF RIGID OS UTERI DURING LABOR

By J. W. P. Smithwick, M. D., La Grange, N. C.

In order to better understand what is to follow, it will be better to recall conditions, where injury causes certain parts to become very irritable, and refuse to be controlled by the voluntary muscles. We know that if the eye is inflamed, or the rectum is ulcerated, and that any outward object touches these parts, that the fibres of the circular muscles surrounding these parts immediately contract. This action is involuntary on the patient's part, and by no effort of the will can this instantaneous contraction be overcome. So certain is this, that in order to treat an inflamed eye, or irritable anus, the surgeon will resort to chloroform or cocaine, to remove all sensation, before he will attempt to handle those delicate parts, with the hope of doing ever so slight a surgical operation.

The circular muscles surrounding the eye and rectum are, however, under the control of the will, through the voluntary muscles. The voluntary action that overcomes these powerful muscles comes from the great sympathetic system, and by this means we are shown what a mighty power the sympathetic system is in the physical economy, and that no effort of the will, however firmly put forth, is equal to overpowering the influence of the sympathetic nerves.

Now we will find that the circular muscles, or sphincter that surrounds the mouth of the uterus, while constructed in most respects like an ordinary sphincter, is very unlike other sphincters, in the important fact that it is not under the control of the will, but has to be moved by the system of sympathetics alone. For this reason the pregnant woman has no control over the sphincter at the mouth of the uterus. In other words, she may will, to relax the mouth of the uterus, all to no avail. The only way to accomplish either relaxation or contraction of the os uteri, is to influence it through the sympathetic nervous system.

It is a matter open to profitable discussion, whether it is not a valuable addition to our already very accurate knowledge of conditions in the uterus and whether it is not a fact that the tension of the os, we so often meet with at time of delivery, is not directly due to a previous irritating cause, or, in more direct words, that if we had been more careful in the preparation of our patient for the ordeal of delivery of her child, we would have discovered an inflamed os uteri, that demanded previous care. However, be that as it may, our present object is to quickly relieve the suffering patient.

It has been my experience that in most cases of persistent tension of the os uteri, I have found afterwards that there was an irritable condition that caused the pressure of the fetal head to act as a direct cause of the spasm of that muscle. Now in the normal uterus where there are no irritable tissues that cry out for relief, the pressure and even approach of the fetal head acts in a most benign way, and is a call on the sympathetic nerves to relax the os uteri, and is the direct as well as the indirect cause of that relaxation. Under

the even and presistent pressure of the fetal head, the fibres soften and seem to melt under the wise and careful control of the great sympathetic nervous system.

On the other hand, if there be ever so small a cause of irritation, that irritation will surely set up a reflex action on the nerves, that will debar the healthy action of the muscular fibres, and a hopelessly tight os uteri is the result. In such cases it has been the habit of the skillful accoucher to apply a modified Barnes' rubber bag. But before entering upon such a tedious process the medical attendant will doubtless have had resource to several ordinary remedies, that I will not stop to name here before he will stop to adopt the intricate process of dilatation by Barnes' bags.

It is in such difficult cases, where from actual irritation of an inflamed os uteri, or from spasm of the fibres of the circular muscle, resulting from undue nervous tension, where the os uteri refuses to dilate and allow the fetal head to pass, that bromida has a most benign and simple action. It surpasses the skillfully handled rubber bags or the many other remedies that are often useless.

Even when valuable time has been wasted, and there is danger from exhaustion so great that the worst may be feared, let not the attendant fear to use this benign remedy; taking care to sustain the patient's failing strength by proper nourishment and strychnine administered to sustain the flagging heart.

To elucidate, I will cite some actual experiences in the use of bromida in difficult cases of first stage in labor.

On a cold winter's night I was summoned about midnight to come at once to a pregnant patient, who had already engaged my services for the time of delivery.

She was a primipara, of exceedingly slight build, with sensitive nervous conditions. On arrival I learned that nagging pains had been present for some hours, and on examination I found the os very tight, not even admitting the tip of my finger. The date of delivery had not yet been reached by several days and with the thought of spurious labor pains and a desire to allure the patient to sleep, I gave her a couple doses of bromidia, a teaspoonful half an hour apart, and sat down by the bedside to note results, and suggested that she would now go to sleep and not have any trouble for several days to come. The result was very gratifying, for the tired young woman sank into a quiet sleep that she so much needed. As time passed on, I noticed that at regular intervals her face denoted return of pain which proved to me that it was a case of labor and not spurious pain. After about forty-five minutes' sleep, she aroused and said: "Oh! how good to get a tiny nap, but doctor, those pains are worse now!" Examining the vagina again, to my surprise I found the cervix dilated and completely withdrawn and she was just entering the second stage of labor. The presentation was normal and there was little of interest that followed.

Another case was that of a poor negro woman living in a filthy log cabin, and who washed for a living. I was informon my arrival that she had been in labor nearly two days. On digital examination I found a tight os with no immediate prospect of delivery, and so informed her. I thought of bromidia and gave her two teaspoonful doses half an hour apart and drove on about two miles to see another patient. On my return I found that dilatation was going on rapidly. The presentation was normal and in one hour after my last arrival the child was born. Thus I proved that the only difficulty in this case was rigid os, which yielded easily to bromidia.

In the last case cited, with the use of rubber bags and the antiseptic treatment that would have been necessary,

it would have been entirely out of the question to have delivered that woman in that hovel of filth. It would have simply been inviting death and, too, often he comes when we do the very best we can. Bromidia, however, did all that such treatment could have accomplished and with no extra risk of infection.

In conclusion, I would emphasize the point, that when nature is carrying on the case successfully, by no means interfere. There are plenty of cases, however, where the patient is tormented to an extent almost unendurable by nagging pains which accomplish nothing toward delivery on account of a rigid os that need our attention and skillful treatment, and it is in these cases that I find that bromidia has such a nice and efficient effect in relaxing the rigid condition of the os uteri in the first stage of labor.

THE USE OF GLYCOZONE IN A FEW GYNECOLOGICAL CASES

By C. H. Powell, A. M., M. D., St. Louis, Mo.

Prof. Principles of Medicine and Clinical Medicine, Barnes Medical College, St. Louis, Mo.; Alternate Physician St. Louis City Hospital; Physician in Charge Oblate Sisters of Providence Hospital; Centenary Hospital, Department Diseases of the Chest, Etc.

(Abstract from the New England Medical Monthly.)

It is surprising how physicians fall into habits regarding the use of certain agents in their practice, and how loth they are to resort to something new. No doubt this fact exemplifies the maxim: "Be not the first by whom the new is tried, nor yet the last to lay the old aside." This saying, were it put into active practice, would interdict the use of any new drug or remedy, as from the very nature of things a leader must be acknowledged, and that leader would himself violate the above maxim. In the treatment of uterine and ovarian diseases the well-known glycerole of tannin tampon, or the use of glycerine and Guolard's solution, or glycerine with other astringents, has been for years recognized and appreciated by gynecologists over the entire world. In the clinics solution of these agents are ever at hand, and habitually are ensconced into the vaginal canal with very little regard as to the scientific results that will accrue. It has often occurred to the writer than many of the solutions used by gynecologists favored the development of bacilli, and no doubt contributed in no small degree to the lighting up of attacks of pelvic peritonitis so frequently encountered by gynecologists. Glycerine no doubt is without a peer in successfully treating a long range of diseases that afflict women, as the well-known hygroscopic qualities of the remedy bring about a local blood-letting from the hyperaemic structures which, when followed by hot douching, is usually relied upon to reduce many inflammatory complications of the uterus and its adnexa. Not being satisfied, for the reasons above given, with the usual formulae of glycerine in gynecology, a sample bottle of glycozone which came to my desk several months ago, although not referred to in the treatment of diseases of women, appealed to me. Accordingly, in view of the highly oxygenated properties of the remedy, which I believed would necessarily possess bactericidal properties, I was induced to try glycozone in my gynecological practice; the results were so pronounced, and the beneficial influence of the remedy so decided and permanent, that I have for several months past persistently resorted to glycozone in preference to anything else in my local work. I will outline the following clinical cases as indicating its usefulness in the conditions stated:

CASE I.

SUBINVOLUTION UTERI CONSEQUENT TO MISCARRIAGE.

Mrs. Ella McL., aged 28; suffered a miscarriage at the end of the fourth month, following a severe fall from her carriage. The bleeding was severe until the placenta was entirely removed, when it ceased. Ergot was used regularly to check a tendency to recurrent and continuous hemorrhage which necessitated the employment of local treatment. Curettage was first employed, the uterus thoroughly washed out with carbolic solution, and then a cotton wool tampon of glycozone pure pushed up to the cervix uteri. The uterus at the time of the first application measured five and a half inches in depth, subinvolution of the organ being most marked. On the second day, the tampon was removed, and the uterus found to have become reduced in size at least one inch, its depth measuring four and a half inches, very much to my surprise. In the next twenty-four hours following the glycozone tampon there was but little evidence of further reduction,—the depth remaining about the same. Twenty-four hours later, however, the uterus showed a decline in depth of a half inch, and this beneficial influence of the glycozone continued unremittingly thereafter until at the end of eight days the uterus measured but two and a half inches, and the cure of the patient was complete.

CASE II.

EROSION OF THE CERVIX RESEMBLING EPITHELIOMA.

This case occurred in a married woman, aged 35, the mother of four children. The ulcer of the cervix had a most suspicious appearance, involving the left half of the neck and passing upwards on the cervix proper; it was in size about as large as a ten cent piece. My first impression was a possible venereal sore, but the lady and her husband were both people entirely above reproach, and this theory could be very readily exploded, I accordingly suspected it might turn out to be an epithelioma. There was no glandular involvement in the inguinal regions or elsewhere, and I concluded to try glycozone on the tampon for a few days, more to determine whether the ulcer would respond to its use than anything else. I told the lady to return the following day and my surprise and satisfaction were great to note the eroded surface reduced fully one-half its original size; encouraged by my success with glycozone I reapplied the agent, and had the lady return in two days; but slight evidence of the cervical denudation was remaining, and upon the lady's next visit to my office I discharged her, entirely cured of the formidable appearing ulcer.

ADVANTAGES OF THE ACTIVE PRINCIPLES

Hare in Practical Therapeutics says: "If a census could be made of those who die annually from the use of drugs, which are impure or useless from weakness, the writer believes that a most alarming array of figures would be presented. For many years this was unavoidable, because our knowledge of the active principles of drugs was deficient. At present these difficulties have been largely overcome." Speaking of variability in preparation, one sample of tincture nux vomica contained twice as much strychnine and brucine as it should, and had twice as much solid residue. On the other hand, a tincture of nux vomica contained only a trace of alkaloid but had much inert solid residue. "All these disadvantages may be avoided by using assayed goods, or the physician should employ the alkaloids in pill form. A poor drug to the physician is worse than a rusty knife to the surgeon."

It is not a logical deduction from this arraignment of the usual crude galenics that the active principles should be adopted in the case of every drug where the active principle has been isolated, and if these active principles represent definite and pure preparations, should there not result from their use, accurate, definite constant results?—Allbright's Office Practitioner.

If you are interested write for a complimentary copy of Abbott's Alkaloidal Digest, a 300-page review of Alkaloidal Therapeutics, giving much good and thoroughly reliable information on a great number of the active principles with clinical applications. Address, The Abbott Alkaloidal Co., Ravenswood, Chicago, Ill. Mention this journal.

TUBERCULOSIS OF THE FEMALE URINARY ORGANS

Dr. Ernst W. Cushing, of Tuft's University, Boston, read this paper before the Maritime Medical Society of Halifax. He reviewed the steps by which the diagnosis of tubercular lesions of the kidneys and bladder had advanced from uncertainty to positive knowledge. Clinical experience and the results of surgical operations confirmed the findings of pathologists, that tuberculosis of the bladder was rare except when the kidneys are first affected, and the fact that after removal of the diseased kidneys the tuberculous bladder was usually curable. He reported a case which was interesting from the fact that there never had been any symptoms referable to the kidneys. The case was that of a woman aged thirty, coming under observation in 1892. In 1900 she underwent an operation for dilation and curettment of the uterus. During the next two years she gradually failed in health, suffering from pains in the back, low down, and frequent desire to micturate. Examination of urine showed cystitis, which was supposed to be referable to pressure from the retroverted uterus. In February, 1902, the uterus and appendages were removed. On March 2d the bladder was somewhat better, urine clear and alkaline, S. P. 1010, contained albumin, pus and cocci. Bladder was washed with a dilute permanganate solution, and cystogen was given internally. The patient went home in good condition on April 1st. On April 11th she returned, and examination showed the bladder had become nearly as bad as at first, patient having neglected treatment. Irrigations were again instituted and cystogen given t. i. d., following which there was much improvement.

TREATMENT OF FELONS

Treatment of Felons. Felons are classed as minor surgery and yet many a finger has been lost through their careless treatment . Antiphlogistine is a specific in incipient cases. Apply hot, change every six or eight hours and resolution will as a rule occur without the formation of pus.

If pus has already formed incise deeply and freely. Thoroughness is essential. Evacuate and cleanse with a suitable antiseptic. Insert a drainage tube. Surround the finger with antiphlogistine. Cut the drainage tube one-fourth inch above the surface of the antiphlogistine. Cover all with absorbent cotton and a bandage. The results will be satisfactory.

Good clinical thermometers at low prices may be obtained of Edward Pennock, 3600 Woodland Ave., Philadelphia.

A NEW PREPARATION

Editorial, Oklahoma Medical Journal, March, 1905, J. R. Phelan, Editor.

There has recently been put on the market a preparation of echinacea, thuja occidentalis and baptisia called eusoma. This is a preparation that is particularly indicated in septic conditions. The writer had an opportunity to try this compound in the following cases:

First—Patient had finger stuck with fish bone. A septic condition at once developed; inflammation and swelling extending nearly to the elbow. Applied eusoma over inflamed area and gave half dr. very two hours. The swelling ceased at once and in twenty-four hours all pain was gone and hand was almost in normal condition.

Second case was that of puerperal fever. Was called to see woman fourth day after confinement; temperature, 103; pulse, 140. Applied eusoma over abdomen and gave half dr. of same preparation every two hours; in thirty-six hours temperature became normal and pulse 90.

Third Case—Young lady; inflammatory rheumatism of knuckles of both hands, also of ankles. Right hand was swollen to double its normal size and very painful. We applied eusoma externally, and gave half dr. every two hours. In eighteen hours an appreciable improvement began and continued for ten days, when she completely recovered.

Eusoma (Echinacea Compound) is manufactured only by The Eusoma Pharmaceutical Co., Cincinnati, O.

SUBSTITUTION

We recently received a complaint from a physician in St. Louis that a prescription in which Fairchild's Phenolated Essence of Pepsine was prescribed had been dispensed with some substitute evidently containing a large amount of carbolic acid, one dose of the fluid having been sufficient to cause the patient to complain to the physician. Upon examination this fluid we found it to be a substitute containing a very excessive amount of phenol.

A prescription calling for Fairchild's Phenolated Essence of Pepsine was therefore subsequently sent to the same drug store; also a prescription in which Fairchild's Essence of Pepsine was plainly specified. The vials dispensed upon these prescriptions were immediately, upon receipt, sealed in their original wrappers in the presence of a witness and forwarded to us. Upon examination, we found the fluid contained in each vial to be some preparation not made by us, but a fluid differing materially from Fairchild's Essence of Pepsine, the substitute for Phenolated Essence of Pepsine containing, like the previous substitute referred to above, an excessive amount of phenol..

These substitutes were dispensed at Jacob's Pharmacy, N. E. Cor. Seventh & Spruce Sts., St. Louis, Mo.

Fairchild's Essence of Pepsine being an extract of the gastric juice obtained directly from the fresh animal stomach and rigidly standardised, and possessing uniform chemical, physical and enzymic characteristics, we are able to distinguish it in various combinatione as positively as if the prescription simply called for the plain Essence of Pepsine, Fairchild.

Fairchild Bros. & Foster.

Quinine without ebriety. When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine or internal administration. It has complete control over

pain, while it is free from the undesirable after-effects of the alkaloid of opium. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the qiunine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of "Antikamnia and Quinine Tablets," each tablet containing two and one-half gr. antikamnia and two and one-half gr. sulph. quinine. The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anaemic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—Medical and Surgical News.

Neurasthenia from overwork in intellectual lines. I have found sanmetto useful in several cases of neurasthenia from overwork in intellectual lines, without being associated with sexual irritations or excesses. In those cases where it seemed to do the most good there was exhaustion of the vital forces. As a tonic in such cases it has proven satisfactory in a number of instances. —M. W. Van Denberg, M. D., Mount Vernon, N. Y.

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The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. VIII JUNE, 1905 No. 6

Leading Original Articles

PRACTICAL ELECTIVE SURGERY FOR THEGENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 190 May Recorder.)

APPENDICITIS.

This is a condition which is seen with great frequency and every practitioner should be acquainted with its surgical treatment. In the absence of infection, the removal of the appendix is an operation calling for no great skill, but few instruments and but a few minutes' time.

The condition manifests itself in an unmistakable manner, when a severe inflammation develops, but many times disease of the appendix is not considered as such by the practitioner. Many practitioners are in the habit of making frequently the diagnosis of "threatened appendicitis." Such a diagnosis is to be condemned. The patient either has or has not appendicitis. Sometimes as surgeons we see cases which have passed through several attacks which have been diagnosed "threatened appendicitis" and laparotomy reveals a badly involved appendix. If the practitioner wishes to operate successfully for appendicitis he should prepare himself to do aseptic surgery. He should have a good working sterilizer. Such need not be expensive. He should also have on hand a half dozen sheets which have been carefully laundered, one or two dozen hand towels similarly prepared, a quantity of sterile dressings. For abdominal work the practitioner should secure dressings from the dealers sterilized and in sterile containers. If he has any doubt as to their sterility he may again sterilize them immediately before operation. It is well for the practitioner to have on hand a number of enamel basins, although the cheapest "tinware" may be scoured up in an emergency and serve if sufficient labor is expended in properly cleansing it.

For appendectomy the operator should not burden himself with a lot of instruments. It is amusing the ideas of some surgeons. In one of the Chicago hospitals I recently noticed an instrument list which one of the operators had carefully made out for the instruction of the nurses as to his needs for appendectomy. It included 18 large hemostats, one dozen needles, needle holders, several pairs of scissors, two scalpels, grooved director, blunt dissector, four retractors, every vari-

ety of suture material in common use, and other useless paraphenalia.

A pair of scissors, a scalpel and a needle and suture material include all that is absolutely necessary for appendectomy, but two or three hemostats will often prove useful. The practitioner who feels that this operation cannot be performed without several retractors and assistants to hold them is laboring under an erroneous idea regarding the operation.

When the opening is made through the abdominal wall, it is not with a view of seeing the appendix but to give access to the finger so that the organ may be drawn from the abdomen. The finding of the appendix is not accomplished by sight but rather by touch. For years operators described the operation for appendicitis. They recommended a three and some even four inch incision in all cases. They went into minute details in regard to the operation but failed to note that they were not finding the appendix by sight but rather by touch. Finally a few came to realize that the long incision in the uncomplicated case was useless and they abandoned it for one much shorter. We now are perfectly content with an incision from one to two inches long according to the thickness of the abdominal wall, and if with such an incision a proper course is followed in searching for the appendix the operation proceeds with even greater rapidity than in former years.

When an abdomen has been opened sufficiently to admit the index finger if the operator will then remember that the long mesentery of the small intestine allows it to lie in front of the colon, he will not simply reach in and pull out the first loop of bowel which presents, but rather will he carry his finger around to the outer side of these loops of small bowel and when the finger is as far back as possible he will gradually crook it at the same time bringing it toward the median line and the abdominal incision anteriorly, he will almost invariably hook up the colon and as the appendix is attached to the head of this organ he will have no trouble finding the appendix when the head of the colon is delivered upon the abdomen.

With the appendix exposed nothing remains but to remove it in such a manner that the patient will not be exposed to danger from sepsis, hemorrhage or bowel leakage. The attention must be first given to the blood supply. The mesenteric artery which supplies the appendix must be secured. It is a simple matter to pass a ligature through the base of the appendix and occlude this vessel. The mesenteric attachment of the appendix may be then cut free and the base of the appendix clamped. Two clamps are placed at the base of the appendix as close together as possible and the organ divided between them. Before the clamp which embraces the stump is removed a ligature is set between it and the colon and as soon as this clamp is loosened the ligature is tightened and cut short. The stump of the appendix is usually buried by a purse string in the cecum, and the operation is completed by closing in the small raw surface left by the division of the mesentery. The procedure is very simple and is completed by slipping the cecum back to its normal place and closing the abdomen.

This simple operation which I have just described and the steps of which are fairly illustrated in the accompanying photographs is easily performed by one man, without any assistance.

It is not only indicated in the first few hours of an acute attack, but should frequently be performed upon patients who present symptoms of a chronic catarrhal inflammation of this organ. The patients are seen frequently by country practitioners but they as a rule

FIGURE I

Fig. 1. Illustrates the manner of making point pressure along the line extending from the umbilicus to the anterior superior spine of ilium. The object of the examiner is to make pressure as near the base of the appendix as possible, tenderness being an indication of chronic inflammation of the appendix.

FIGURE II

Fig. 2. Many operators select a point about midway between the anterior superior spine and the umbilicus as the site for their incision. I prefer to measure the distance as the width of two fingers from the anterior superior spine. The fascial layers are well defined at this point and afford secure attachment for the sutures.

FIGURE III

Fig. 3. When the appendix has been drawn from the abdomen with the head of the colon the exposed portion of the colon should be covered with a gauze pad as is shown in the illustration, then the appendix if adherent is freed sufficiently to expose the vessels running to it through the mesentery. A ligature is passed as shown in the illustration. In this instance the appendix has been twisted and bound up in adhesions and its distorted conditionapparent in the illustration.

FIGURE IV

Fig. 4. Illustrating manner of ligating the vessels passing through the mesentery before freeing the appendix from its mesenteric attachments.

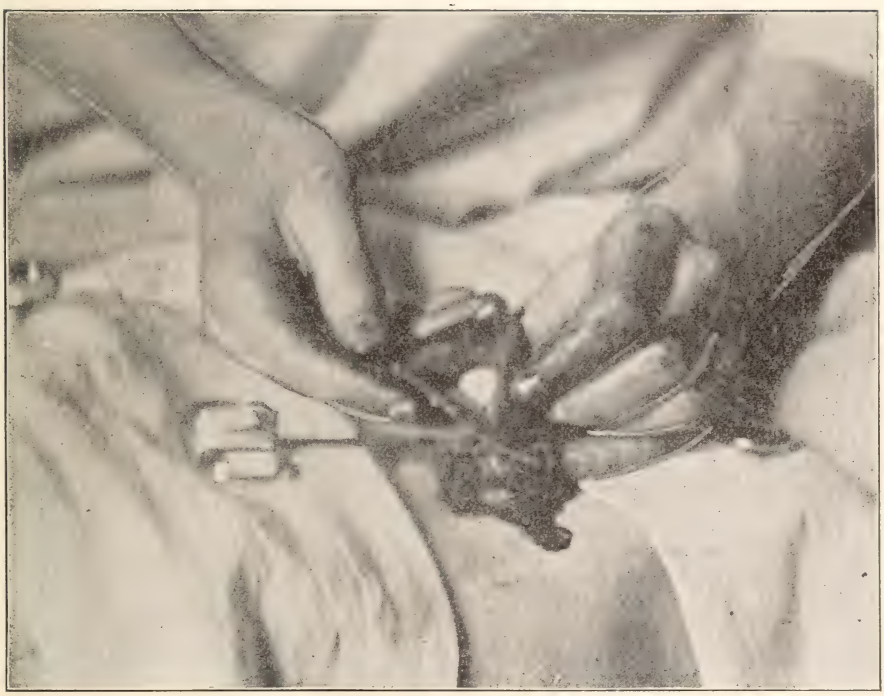

FIGURE V

Fig. 5. The mesentery has been cut through and the base of the appendix has been clamped with two stout forceps and the appendix is next cut away between the forceps.

FIGURE VI

Fig. 6. Illustrating condition as shown in figure 5. But one pair of forceps have been placed about the appendix. The short forceps seen at the left of the illustration are attached to a small vessel of the skin. The colon has not been protected by gauze in this instance.

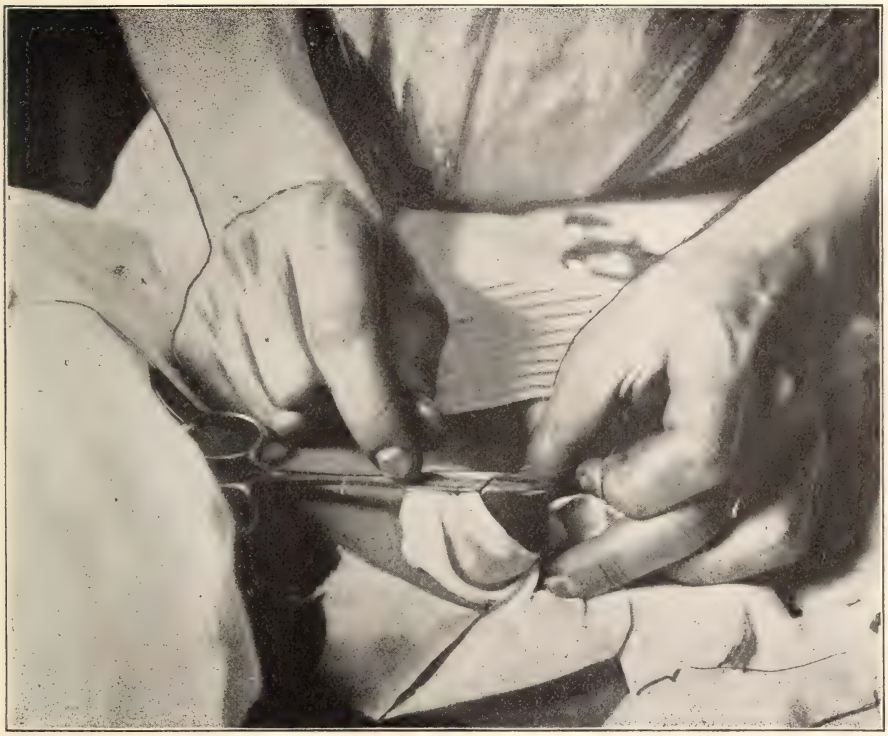

FIGURE VII

Fig. 7. The appendix is cut away. One pair of forceps remain crushing the stump. A ligature is passed beneath the forceps and set upon the stump before they are removed. When the forceps are removed this ligature is tightened and cut short.

FIGURE VIII

Fig. 8. The stump is buried by a purse string suture in the colon. Here the suture has been passed its two ends are held in one hand while the stump is inverted with the point of a pair of hemostats. This suture is tied and the security of the parts may be further insured by a mattress suture if the operator so elects.

FIGURE IX

Fig. 9. Illustrating manner of closing the small raw surface left by division of the mesentery. This is accomplished by a continuous suture.

are content to make a diagnosis of chronic gastritis and then feed them upon the various agents recommended in the treatment of dyspepsia. When appendicitis was first described the writers deemed it necessary to give a very clear array of symptoms as those accompanying all varieties of appendicitis. Catarrhal inflammation was supposed to present quite a formidable array of symptoms. I have seen a patient presenting a clear unmistakable picture of appendicitis in its milder form examined by a capable physician who disregarding all other symptoms, raise his finger high above the patient bring it down until its tip pressed at the so-called "McBurney's Point," and say in elation, "See, he has no appendicitis; there is no tenderness on point pressure."

(To be Continued.)

SUDDEN DEATH—ESPECIALLY FROM EMBOLISMS

By Byron Robinson, Chicago, Illinois.

Some time ago I published 18 cases of sudden death chiefly from embolism which had occurred under my observation. In this paper I add three unpublished cases, with a fourth recovered. Mr. A. was sent to me from Wisconsin whom I found suffering with pelvic abscess following an operation for haemorrhoids performed 3 months previous. The patient was septic exhausted with a perforation of the abscess in the lateral wall of the bladder. The urine was about one-third pus. I made an incision proximal to the symphysis pubis extraperitoneally, draining the abscess, I forced a large pair of forceps distalward through the the abscess parallel to the rectum, the point emerging through the perineum through which I drew a half-inch rubber drainage tube producing double or circular drainage. The rubber drain tube extended from Poupart's ligament to the perineum producing circular drainage. The man recovered rapidly, in six weeks was sitting up and was about ready to return home when he was seized with a desperate chill lasting about 45 minutes. This was a septic embolus dissolved and fragmented from the thrombo-phlebitic pelvic veins. During the next month he was attacked with desperate chills, perhaps 30 in number, due to the distribution of septic emboli when he died exhausted by sepsis. No autopsy allowed. On the side of the abscess the femoral and iliac veins were occluded with thrombi producing an oedematous and enlarged limb.

I was called in consultation with Dr. Welfeld in the case of Mrs. B. who had been confined five days previously. She had a chill immediately following delivery. Dr. Welfeld curetted the patient on the third day as the temperature maintained a high course and he thought retained placenta existed. On the fifth day after delivery at my first consultation I diagnosed a septic pulmonary embolus on the left side—symptoms; limited dullness on percussion, absence of normal vesicular murmur, severe localized pain, respiration 24, with temperature 103, pulse 100. Pelvic examination revealed slight tenderness with oviductal hypertrophy and adjacent peri-oviductal peritoneal adhesions. I suggested to call Prof. John A. Robison in consultation who confirmed the existence of a pulmonary embolus and stated from his experience that the prognosis was unfavorable. The patient lived seven weeks having during that time perhaps 60 severe chills lasting from 10 minutes to 45 minutes. She always shook vigorously in the chills with resemblance to the ague,—the stages chill, fever and sweating—were pronounced. The temperature maintained a high course, it was frequently 105 and sometimes 107. On the 10th day it was evident a fe-

moral venous thrombosis existed which continually increased until the right limb almost doubled its size and with marble whiteness it lay practically paralyzed for four weeks previous to death. She expectorated lung tissue with streptococcus and pneumococcus. The course of this patient (pulmonary gangrene from a septic embolus) was marked by violent chills, high temperature and profuse drenching perspiration (from one to four times daily). Otherwise she was nearly always comfortable with excellent appetite and good sleep. The evacuations of the tractus urinarius and tractus intestinalis were practically normal.

One frequently observes sudden deaths and on account of no post mortem the death certificate may not be accurate. For the purpose of suggesting a more comprehensive study and view of sudden death I planned the division of the subject into death from the following visceral tracts, viz.: 1, tractus vascularis; 2, tractus nervosus; 3, tractus urinarius; 4, tractus genitalis; 5, tractus respiratorius; 6, tractus lymphaticus; 7, tractus intestinalis. A third and fourth case of embolus recently occurred in my practice. I was called to a case on the 13th day following labor in a primipara of 24 years of age. I found her breathing about 39 times per minute, temperature 105.5 per mouth and pulse of 120. The left lung was compromized by perhaps one-fifth. The uterus was moderately contracted only for the 13th puerperal day. On the left side and dorsally to the uterus was a circumscribed máss of peritoneal exudates. Curettage of the uterus had been performed one week after the labor but the temperature rose higher. On the 16th day after labor the left femoral vein became obstructed by a thrombus and became marble, pale and swollen. She does not suffer pain. She lies quietly and peaceably, eats well, visceral drainage treatment consists in administering one-half pint of quarter normal salt solution every two hours for six times daily to which is added each time an alkaline laxative tablet. This method drains the viscera of waste laden blood, the bowels move twice daily, the urine increases in quantity and becomes clarified. This patient breathed some 40 times per minute for about 10 weeks and subsequently her respirations gradually returned to normal. The diagnosis I made was septic emboli in the lung. This diagnosis was confirmed by able council. The fourth case was peculiarly sad. I was called to consult by Dr. Geo. Hall in a case of invagination of the uterus sixty hours subsequent to labor I found the invaginated uterus in the vagina almost the dimensions of a child's head. It had been invaginated about twenty hours when I arrived. The patient was anaesthetized by Dr. George Hall whose patient she was and for 50 minutes I gradually forced the uterus proximalward with one hand against the fundus when it suddenly become reduced. The patient felt excellently for three hours when suddenly she died in about two minutes. The cardiac action and respiration practically ceased instantly. The diagnosis was an embolus floated to the respiratory and cardiac center obstructing the blood flow to both practically at the same time.

ACETANILID FOR SCIATICA

By W. T. Marrs, M. D., Jewett, Illinois.

There are a number of useful remedies for this distressing ailment, but no specific. A medical friend himself afflicted with periodical attacks of the disease for a number of years and who would naturally be supposed to possess a good deal of information on the subject, writes me thus: "After trying all the old drugs without relief in this attack I chanced to take two or three mi-

graine tablets and lo! my sciatic pains disappeared immediately. I have since been keeping myself relieved by an occasional tablet." Try acetanilid if others fail.

DIARRHOEA

By J. A. Burnett, M. D., Pauline, Arkansas.

In the treatment of the diarrhoeas of infancy one should in my opinion always bear in mind what Dr. W. F. Waugh says in regard to cleaning up and keeping clean, i. e., the use of saline laxative and the sulphocarbolates. For this purpose sodium hyposulphite is a very useful remedy as it is not only a laxative but an intestinal antiseptic and hepatic stimulant also. This remedy must be given in larger doses than most authors advise or no laxative effect will be obtained from it. It is in no way equal to zinc sulphocarbolate as an intestinal antiseptic but after its use as a laxative, much smaller doses of zinc sulphocarbolate will be sufficient and as zinc sulphocarbolate is hard on the stomach and is often not tolerated it should be given in as small a dose as will answer the purpose. The only objection that one could find against zinc sulphocarbolate in any forms of diarrhoea is its disturbing effect upon the stomach. In many instances I have used it by rectum and have always got good results from it. I often use it in combination with other remedies as follows and find it is better tolerated by the stomach then when given alone:

℞

Bismuth subnitrate..... ʒj.
Zinc sulphocarbolate.
Salol, aa.....ʒss.

M. Sig. Dose: 10 grains every hour for three doses then every two hours for three doses, then every three hours as long as needed.

If this prescription is preceded by the following the alimentary canal will be left in a good clean condition:

℞

Calomel.....gr. j.
Podophyllin.....gr. ss.
Sodium bicarbonate..gr. ijss.

M. Sig.: Divide into six doses and take one every 30 minutes until all are taken, then follow with sodium hyposulphite until the bowels act freely.

The doses are adult, proportion for children.

The calomel, podophyllin and sodium hyposulphite will arouse the glandular system and render the alimentary canal alkaline. If desired gray powder can be used in place of calomel. In the December, 1904, Buffalo Medical Journal I notice the following which is very interesting and instructive: "Rotch writing in American Medicine believes the treatment of diarrhoeas of infancy is still largely empirical but is of the opinion that it can be determined, whether the large or small intestine is affected. The best success is obtained if the treatment is given by mouth when the small intestines is the seat of the disease and by rectum when the large intestine is affected. He differentiates the group of cases with marked fermentation and little local lesion from the ileocolitis cases in which the lesions are more or less decidedly marked. No specific remedy or intestinal antiseptic has been found to absolutely kill the organisms or neutralize their toxins. Clear the intestines of bacteria by laxatives, support the strength, combat nervous symptoms and hyperpyrexia are the chief indications. Of the drugs he recommends bismuth after the alimentary canal is free from all irritants.

℞

Bismuth subnitrate.....ʒij.
Salol.....gr. xiv.
Cinnamon water.....ʒ ij.
Water to make.....ʒ j.

Mix. Dose teaspoonful in water every two hours. Shake label."

Nux is often indicated in diarrhoea when a nerve stimulant is needed. It is indicated when the tongue is broad and palid, when ipecac is indicated, when the tongue is elongated.

In some cases it is necessary to give codeine to relieve the pain, but dioscorea is of equal value in all pains of the abdomen and is a non-toxic agent, a very important point in diseases of young children or when drugs are left in the hands of the ignorant or careless.

THE ASEPTIC SURGEON

By M. R. Wilkinson, M. D., Oconomowoc, Wis.

Shave off your beards, my brethren, and do it double quick,
For someone has ordained it because you attend the sick.
There lurks danger in our whiskers as someone has pointed out,
And Iowa is legislating to knock the whiskers out.
There may be bugs of divers breeds a-romping through the shades,
Developing some unknown germs, new diseases to parade.
And then to old phenomena we must not close our eyes,
But energetically push on to show that we are wise.
Horsehair placed in water to a snake will turn in time,
What is nearer to a whisker hair, I'm sure I can't divine.
Now suppose in operating one hair be left therein,
And the patient get an attack of the "snakes" that would be a surgical sin.
Malpractice suits would then begin upon us all to fall,
So shave off your beards and be prepared to save your little "all."
Men would be called to judge you who even when boys have learned,
That hairs when in a damp place put always to snakes have turned.
Now if you wish to keep the growth which nature forced on you,
There is but one safe way I see, to leave it as it grew.
A nurse to count your whiskers all before you venture in,
And also when you finish the job before you stitch the skin.
Iowa has her inning now and is forging fast ahead,
Nebraska chafes, but not outdone, cries next shave off that head.
Wisconsin then steps to the front, and with a lusty shout,
Says another thing you still must do, "pull your brows and winkers out."

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

PUBLIC HEALTH

As an introduction, allow me to take exception to the poet who penned the words:

"Man wants but little here below,
Nor wants that little long."
I am persuaded that:
Man wants a great deal here below,
And wants that great deal long.

Again I am convinced that health and comfort depend in large measure on what we eat, how much we eat, and how we eat. Or as Byron humorously puts it: "Man's happiness—hungry sinner—since Eve ate apples, much depends on dinner."

But it does not come within the scope of this article to do more than give a few disconnected thoughts pertaining to the subject under consideration; however, I venture the assertion that there is no question of more vital importance to any citizen. For without health there can be no true happiness; and any person who neglects to obey or observe the laws of health is sure to bear the penalty of being sick. And judging from the history of the past, there has been no period since Adam was driven from the garden of Eden when it was not necessary to guard against diseases and their causes.

In the study of hygiene we learn that there are three elements essential to life, namely, pure air, pure water, and wholesome food; and every sensible person will do whatever is best to prevent these vital elements from being rendered unfit for use. And if perfection is to be acquired, cleanliness and godliness must be the two principal conservators of health.

We say that the normal action of the human mechanism constitutes health, while obstruction or the abnormal working of the bodily functions indicates the presence of diseases or ill-health.

According to Herbert Spencer life is defined as: "The definite combination of hetrogenous changes, both simultaneous and successive, in correspondence with external co-existences and sequences," or, briefly stated, the continuous adjustment of internal relations to external relations.

All men, even among the savage races, recognize that self-preservation is the first law of nature, and that the best time to prepare for war is in time of peace. Likewise to be free from disease we must, as the Spartans of old, become vigorous physically as well as morally.

Health, instead of disease should be contagious, because as Emerson and Haller have aptly said: "Disease is a hot-house plant," but "Health is the first wealth."

The prevention of transmissible diseases is such an important factor in the welfare of the community that everybody should take an active part in the promulgation of wise sanitary laws, since it is demonstrable that the prevention and stamping out of contagious diseases by modern methods has done more for the advancement of civilization and for the encouragement of commercial interests than any public movement.

The cities which have the lowest mortality are always those which give attention to sanitary requirements. And it is to the unpretentious sanitary inspector who visits the back allies and foul premises, in order to remove or

prevent any cause of disease, to whom much credit is due. The food inspector also comes in for a large share of appreciation as many probable cases of indigestion, colic, ptomain poisoning, etc., have been prevented by him in stopping the sale of decayed vegetables, meats, etc., also impure milk in the markets.

Again it is of marked interest to note the mortality of cities with filtered and unfiltered water. The inhabitants of Berlin drink water from sand filters and it is reported that the mortality from typhoid is 1 to 50,000 inhabitants annually; while in the large cities of the United States, where the water supply is derived from rivers and lakes and unfiltered, the mortality is found to be 1 to 7,000 or 8,000 annually.

The recent epidemics of typhoid at Ithaca, N. Y., and the one at Plymouth a few years ago, and Butler, this state, have very conclusively indicated the importance of keeping all drinking water free from contamination. On the other hand the result of the strict precaution taken by the American commission in Cuba and the Philippines clearly demonstrates what well planned measures will accomplish in eradicating infectious diseases, such as smallpox and yellow fever. These examples all go to show that a practical knowledge of sanitation should constitute a part of our education; and that the people ought to support and conform to such measures as will better enable them to maintain public health.

Therefore in connection with the study of physiology and hygiene, sanitation should be liberally taught in the public schools. And furthermore, the great power and influence of the printing press should be made use of by sanitarians and members of health boards in their crusade against every public or private cause of disease.

The act of June 3, 1885, under which the Pennsylvania State Board of Health was established, lays down as one of its expressed duties, the dissemination of sanitary information among the people, and the experiences of the board confirms the wisdom of the provision.

Solomon, the wise man, said: "In a multitude of counselors there is safety." Be this as it may, I am inclined to believe that if the distinguished ruler was living in these days and in this country, he would be likely to proclaim the truth of that homelier proverb, namely: "Too many cooks spoil the broth." From this we should be warned not to allow health reforms to be handicapped or turned to a bad use by partisan politics.

At any rate all reputable cooks and sanitarians should vie with each other in the endeavor to keep the people well and happy.

Sanitary regulations have already become quite general, but unfortunately in some localities there are none, at least in force; while in other places the people are disturbed with too many rules that are burdensome rather than helpful.

Like other public reforms, this movement has its quacks, fanatics and pretenders, as well as its true advocates and staunch adherents. On this account health reforms are liable to misrepresentation and unfair criticism. Instead of indifference or opposition there should be hearty co-operation on the part of the people in supporting every measure that has for its object the stamping out of deadly contagion and infection. Health laws to be effectual should be made known in plain and unmistakable language, so that "he who runs may read and a wayfaring man, though a fool, need not err therein." And such laws should be enforced in the interest and for the protection of all, even if by so doing personal liberty is suspended for a time. For it is absolutely necessary that such action should be imperative in order to cope with the danger of an initial case of contagion and thus pre-

vent an epidemic.

That medical science has accomplished much for the alleviation and cure of various diseases cannot be gainsaid but it is to the law of prevention that we must look for the greatest and best means of relief.

The farmer well knows that if he does not keep down the weeds he cannot expect to gather a bountiful harvest. The same is true in the maintenance of health; we must prevent the sowing of infectious germs or else render the human system immune to their growth, in order that the fruits of health may be enjoyed more perfectly.

By the statute boards of health have been created in the cities as well as in many of the boroughs and townships throughout the country. Their chief purpose is to inculcate and enforce suitable means of protecting health. And they are endowed with power to abate every nuisance that is objectionable to health within their borders and to levy the cost of removing the same against the property where such nuisances are located.

Other measures are now being carried on for the extermination of pests, and disease spreading insects which have a large range. Such, for example, as the destruction of mosquitoes, which spread malaria, and flies which are carriers of typhoid and other disease germs. These agencies of disease are often times responsible for secondary infection when it cannot be accounted for by contaminated drinking water or milk.

Smallpox, from the most remote times, was one of the mightiest foes that humanity had to contend with, but wherever vaccination has been thoroughly enforced this dreaded malady has disappeared.

In some communities special efforts are being put forth to guard against the ravages of that terrible disease—hydrophobia; and it is now known that the muzzling of dogs will save from even a single case. An evidence of this fact comes from Great Britain, where in 1896, when dogs were on the rampage, there occurred four hundred and thirty-eight cases of rabies, but in 1900, when dog-muzzling almost reached perfection, not a single case was found on the island.

The American army has demonstrated to the world that without victory over epidemics of contagion no prosperity can follow the brilliant triumphs of victory in battle.

One of the distinctive characteristics of our century is the demand for reformation. Progress is the watchword of the day; and yet there is need for more earnest and untiring effort by a united people for the eradication of general impurity and disease.

And the most effectual means of bringing this about is through active and intelligent boards or bureaus of health that will firmly support all that is clean, wholesome and desirable and repudiate and remove that which is unwholesome, dangerous or undesirable.

The people should be educated up to the importance of being more careful about what they eat and drink. The preparation of food as well as its quality should receive special attention in order that health and life may be enjoyed as a blessing of longer duration. Owen Meredith poetically describes the eating process in this wise:

We may live without poetry, music and art;
We may live without conscience and live without heart;
We may live without friends, we may live without books;
But civilized man cannot live without cooks.

We may live with books; what is knowledge but grieving?
We may live with hope; what is hope but deceiving?

We may live with love; what is passion
but pining?
But show me the man who can live
without dining?

J. C. Bateson, M. D.

Scranton, Pa.

GONORRHOEA

The ravages of gonorrhoea are everywhere frighful. The half is never told or by the laity suspected. In every large city, in nearly every village gonorrhoea lurks so that if every case carried a red flag popular alarm would quickly follow. It is the disgrace and consequent secrecy that marks this disease that keeps it ever green. If we would eliminate the disease we should first do what we can to make it less of a disgrace. Physicians generally assume that the gonorrhoea of a patient was contracted from an impure union. Well, probably it was. But what good does it do to remark the fact? When a patient with gonorrhoea calls upon me, I do not ask him or her where the disease was contracted or how. This is not my business. It may be almost an insult to ask such a question. If the patient mentions that he caught it from so and so, it is as well to tell him he may be mistaken, that the disease may be spread in ways other than the sexual act. This is a fact and more than once in my experience have I proved it.

Mr. L. came to me with a bad case of gonorrhoea. Said he contracted it from his wife. Not for a moment did he doubt her fidelity. I found that in Mrs. L. the disease was more advanced. Mr. L. had long known me and the circumstances were such that I had the absolute confidence of both these people. They were both conscience clear, neither suspecting the other.

Mrs. L. always menstruated for five days and during this time she never permitted intercourse. During the menstrual time she was away from home less than two days remaining over night at a boarding and lodging house in a small city. There she had a private room and to this room she went and washed away the discharges two or three times as she was a very cleanly woman, almost too much so. She departed from home while menstruating and returned at the expiration of two days in the same condition. In three days the acute symptoms began to be manifest. Careful inquiry elicited the fact that the towel in her room at the lodging house had not been perfectly clean also she did not scald out the basin but used cold water when she washed. Undoubtedly the prior occupant of this room had been a gonorrhoeal patient, who had used basin and towel leaving them smeared with gonorrhoeal pus. Common politeness would give the patient always the benefit of the doubt.

Gonorrhoea is not always contracted by impure union therefore as gentleman and physician let us assume that our patient today is an innocent victim of the disease. If he starts in to accuse himself shut him off. Tell him he is innocent until someone proves him guilty and that he is not called upon to testify against himself. In this way clap will be regarded with less disgrace. Its victims will be less maliciously disposed to spread the disease and a road will be open for its easier elimination.

It is this arch female demon of society known as Mrs. Grundy that makes such a fuss about things sexual that people with gonorrhoea are compelled to exercise a caution that is dangerous. I have thought that physicians are too slow to admit that gonorrhoea can be carried in ways other than by the sexual act itself. There is no reason why we should seem to take pleasure in making out every one bad who has the disease. Physicians are able to shape public opinion. Even

Mrs. Grundy respects them. Here are a lot of people telling us that people must be virtuous before the gonococcus can be put out of business. This is wrong. Educate and preach morality, says one writer. Yes, and students will patronize houses of prostitution as well as anybody. A scare morality with Mrs. Grundy in evidence makes noise but fails to work.

Prostitutes trained to diagnose gonorrhoea turn away vast numbers of applicants all the time. These applicants go to women that know nothing about gonorrhoea and give them some and these women scatter it. One case in one hundred may pass the inspection at the fast house where the inspecting physician then detects it.

Thousands of men are incompletely cured. They go to houses of prostitution, drink heavily and their disease becomes active and a prostitute is blamed undeservedly. Outside of the professed houses of ill fame more than nine-tenths of the contagion is scattered. Now, what can be done for this? Evidently enough in some way the average woman and girl whether of unstable virtue or not better acquire the knowledge that will enable her to judge whether a man seeking her favors has a dose or not. But such information can not be published in school books for the next ten years at least. Still the more the public in general learns along this line the more frequently the diseased "roue" may be prevented from giving it "to the whole town." Then again when a man with gonorrhoea is known to try whether with a prostitute or any other woman to scatter the disease five years imprisonment would be a mild sentence for him.

If this fiend in human form, this man with the clap who wants to give it to everybody, can be held down then something can be done to check the disease, for through him it is scattered nine-tenths of the time.

The boards of health of every city should have their detective department to whom victims of gonorrhoea may report and if a woman, be she prostitute or not, can point to the man that gave her the disease, the board of health should compel said "suspect" to undergo an examination. If he is found to be so near well that he had supposed himself all right he might be excused otherwise punished. This plan would urge upon victims of gonorrhoea to provide themselves with a certificate from their M. D.

The man with gonorrhoea who does not employ a doctor but nails the disease deeper into himself through ignorant treatment, would come particularly under the scrutiny of the board of health detective who should strive to learn who is buying the "sure cure dope" at the drug store so that he may be tracked. I would not go so far as to say that the regular physician should be compelled to report his gonorrhoea cases to the health board, for if a man with the clap wants to do the right thing, go to a doctor and get well, he should not be subjected to publicity. If, however, his physician suspects that a gonorrhoeic is possessed with a mania to scatter the disease then the health board should be notified. The fool notion that only wicked people get gonorrhoea should be weeded out for until this is done the disease will be increasingly frequent.

DR. C. E. BOYNTON.

Los Banos, Cal.

THE CARE OF THE PUERPERAL WOMAN

The purperium after normal labor is a natural physiological condition and only requires proper attention to prevent it from merging into the pathological upon which it so closely borders.

Proper nutrition is very essential for all puerperal women. Liquids should be given in some cases for the first few days such as milk, beef tea,

clear soup, etc. The liquid diet is not essential in all cases. Many successful obstetricians allow the puerperal woman to have almost anything that she has been accustomed to. In my opinion there should be no change made in the diet after normal labor from that which the woman has been accustomed to before confinement provided she was accustomed to a nutritious diet. A change of diet is not always satisfactory to the woman and will in most cases if not carefully selected cause a derangement of the alimentary canal. In most cases in country practice the directions of a physician are not followed carefully. In nearly all cases where I have prescribed beef tea, too much was used and diarrhoea produced.

The puerperal woman should have complete physical and mental rest. For the first few days she should be kept quiet and should not be visited by friends as is often the case unless the visits are very short. It is advised by many obstetricians that puerperal women should be kept on their back for the first few days but this is a mistake. They can be allowed to lie on either the side or back as is most convenient. The change of position should of course be made carefully until the uterus has had time to contract firmly.

It has been advised by some obstetricians that puerperal women should be allowed to sit up to pass their urine or to have a movement of the bowels, but in my opinion such would not be the proper thing in most cases. It is best to use a bed pan.

In some cases there is some difficulty in passing the urine when in a recumbent position which can in most instances be overcome by applications of warm wet compresses over the vulva. If the urine cannot be passed a catheter must be used. When using a catheter always use it by sight and not by touch. It has been the custom of some physicians to catheterize women by touch but at present such practice is rare as it cannot be done aseptically. The parts around the meatus and the catheter should be thoroughly cleansed before each catheterization. Glass catheters are preferred by many and are easily cleaned. When a puerperal woman cannot pass her urine she should not go over eight hours at a time without being catheterized.

If the bowels do not act a simple enema of soap and water or soap, soda and glycerine and water can be given. Unless the patient is vigorous and the supply of milk is very free magnesium sulphate should not be used as it diminishes the supply of milk. Castor oil can be used but most patients do not like to take it. Some authors recommend calomel for a laxative in this condition, while others say that the minerals and rhubarb given to the mother will disturb the digestion of the child.

The lying in room should be in some quiet part of the house. The ventilation should be good enough that no one when entering should be able to detect any odor. The bed should be kept clean and the vulva napkins changed often.

In a primipara the after pains are not as a rule as severe as in a multipara. They rarely demand attention in the primipara while in the multipara they are often very annoying. Opium and its alkaloids and chloral hydrate are the usual remedies which are used to relieve after pains. In many cases dioscorea or dioscorea in combination with viburnum or opulus, will be all that is needed to relieve after pains. These remedies are non-toxic and produce no drug habit and have no other untoward effect.

Vaginal douches should not be used after normal labor as they will do more harm than good. If administered at any time it should be done by a physician or trained nurse and with extreme aseptic precautions.

Dr. J. A. Burnett.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

CONGENITAL DISLOCATION OF HIP-JOINT

The visit of Professor Lorenz and demonstration of his bloodless method of reducing dislocations of the hip-joint has greatly stimulated research and experimentation in the field of orthopedic surgery and awakened among American physicians interest in this branch which heretofore was not very popular among them. Modifications of Lorenz's method have been devised and various theories advanced to explain the causation of congenital dislocation. A very plausible one is the one of Dr. O. H. Allis of Philadelphia, namely, "Injury to the Child at Birth." A lecture on the topic, delivered before the University of Pennsylvania on March 31st, 1905, sums it up in the following conclusions:

(1) As the word congenital includes any morbid change that may take place in the child before it is born, the term should not be applied to this condition, as it is too sweeping. In the creative or developmental stage which is completed at the end of the sixth week of intra-uterine life, any malformation of the child which is then present cannot be remedied by nature unassisted by artificial means. If the child has a harelip at that time, it will be born with this condition. In other words, nature abandons her work after the sixth week so far as repair is concerned. The surgeon can do much to assist nature and nature to assist the surgeon, but otherwise the defect remains.

(2) Uterine contractions per se are of sufficient strength to tear the head off a child in utero, and even to push the head through the uterine wall into the abdominal cavity. Why, then, are they not powerful enough to dislocate the hip? By means of a mechanical device it is possible to show that by pressure upon the hip and the crossed knees a double luxation may be produced even in the adult corpse. (3) Why is it that so many more females have dislocated hips than males, some statistics were putting the percentage as high as 88 per cent of females? The reason is that a boy child weighs more and is longer than a girl and the knees are farther apart in the female than in the male. This permits of an easier dislocation. (4) If the condition is produced at birth, why is it not discovered? All children cry when born and few doctors make a critical examination of the child after birth. Indeed, it is by no means impossible that a dislocated hip may be reduced accidentally by the mother without any one ever knowing of its existence. By an ingenious apparatus in which the body was placed in the position assumed in utero, the hips were dislocated by strong traction made upon the knees and hips. Reduction was effected by a mechanical splint, having a lever and spring scale, so that an actual measurement can be made of the force used. Then a Lorenz bandage was applied.

DANGER IN THE X-RAY.

Treatments by X-ray have become very popular both with laity and profession and many physicians have put static machines into their offices. But it must be feared that much of the work is being done too empirically, without full understanding of the scope of the powerful agent and that there is a frequent possibility of harm being done by its misapplication. Hence an observation reported by Halberstaedter in the Berlin Klin. Wochenschr. is of interest. He observed that if one side of the abdomen of rabbits was exposed to

the X-rays the ovary of that side became markedly smaller. In order to ascertain exactly the character of the influence of the rays he first laparotomized rabbits, examined their ovaries and then exposed the animals to the Roentgen rays. In this way he could ascertain the fact that under the influence of the rays the Graafian follicles completely disappear. The observation is of practical importance. Every physician using the X-ray on women, must take precautions to guard against the possible occurrence of such an untoward by-effect.

EPILEPSY FROM FOOD POISONING.

For a considerable time it has been held by physicians that often the cause of epilepsy is to be sought in improper feeding and many reports have been published of cures by thorough regulation of diet. The idea receives the sanction of Dr. Wm. P. Spartling, superintendent of the Craig Colony for Epileptics, in a paper in the Medical Record. He has seen a number of cases of symptomatic epileptic convulsions in middle aged men in which the attack invariably followed gross over-indulgence in eating and drinking. As the patients seldom have sufficient energy to deny themselves the pleasures of the palate, they stand in danger of becoming confirmed epileptics. They are described as men between 35 and 45 years of age, of robust, frequently plethoric physique, hearty eaters, leading more or less inactive, indoor lives, and some of them heavy drinkers. The primary cause of convulsive attacks in such cases seems to lie, first, in a weak stomach; second, in some obscure disorder of metabolism. The type of convulsions usually induced is of the grand mal variety, but it may gradually change to petit mal with resulting mental degeneration. The plan of treatment is self-evident. Eliminate waste and toxic products and prevent their re-formation or re-accumulation. A low diet of light, nutritious, easily digested foodstuffs, very little meat, absolute regularity, in taking food, abstention from alcohol, regulation of bowels, out-door exercise and occasionally a nerve tonic. Under such a regime relief and, if persisted in, cure are sure to follow.

MILITARY HYGIENE AND DIET OF THE JAPANESE.

The continued brilliant successes won by the Japanese during the war cannot fail to call forcible attention to their methods. Up to date Japan has lost only a fraction of one per cent of her soldiers from preventable disease, while Russia has lost four or five men from disease for every one killed in battle and our own record made during the Spanish war is much worse than that. It is clear where the effectiveness of the comparatively small Japanese army comes from. No doubt every nation will profit from the example and in future the work of the health officer will be considered of paramount importance in armies. Those who have had experience in war will remember how commonly commanding officers have not only neglected, but positively overridden instructions and orders given by medical officers in regard to the hygiene and preservation of health of the troops. Let us hope we shall not see it again—if we cannot be spared wars altogether. Of the greatest universal interest should be the lesson to be drawn from the character of the Japanese diet. Small men they are, yet they have shown themselves capable of enduring the greatest physical exertions in a manner unknown to races of greater bodily strength. The credit belongs to the simple diet, cereals, rice and a little fish, scarcely any meat, and abstention from alcoholics. Their beverages are tea and water, about a gallon of the latter daily for each man. To this internal flushing of the system are added frequent baths. By this simple method they maintain a remarkably high standard of health and efficiency.

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The Recorder is an independent medical magazine published for physicians by a physician. It is not owned, controlled or influenced by any manufacturing house.

Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and Questions are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 JUNE, 1905 No. 6

OUR BUSINESS RULES

The Recorder is sent regularly to subscribers until ordered discontinued, in accordance with the wishes of a majority of our subscribers. If you wish to discontinue please write us and prompt attention will be given to the matter. When the magazine is discontinued all arrearage in subscription account must be paid.

With subscriptions paid a full year in advance we give 1000 prescription labels as a premium. Premium labels are given only with paid-in-advance subscriptions; they are the cash discount.

When ordering the Recorder please be sure your name and address are written very distinctly. The best way is to send a printed card or label. We guarantee no errors if printed name and address are sent. We are not responsible for errors if order is not made out plainly.

Please remit by bank draft, express money order, postoffice money order, or registered letter. If these ways are not convenient please send stamps, one cent or two cent. Please do not send personal checks. We cannot give premium labels with subscriptions for which personal checks are sent, on account of the expense of collecting personal checks.

A LITTLE OF EVERYTHING

Study up on suggestion and use it in practice.

Persistent effort will accomplish most anything.

A pretty good creed: Do just as well as you know how.

Do your best and don't worry. Worry kills lots of people.

Do not become so enthusiastic over suggestion that you become careless in diagnosis.

A good subject for medical societies to discuss is better remuneration for life insurance examination.

The medical profession is not a royal road to wealth. It is often a hard road to travel.

The magazine conducted solely in accordance with one man's ideas must be a lop-sided affair.

Insist on prompt payment of bills due you and then pay your own bills promptly. You will live longer and be happier.

This country has become a land of graft but a wave of socialism is spreading over the country which will check some of it.

With suggestion you can cure many otherwise incurable functional disorders but you cannot cure organic disease.

The success of life insurance depends upon the medical examiners. They should insist on proper remuneration for services.

Don't get mad the next time you read something that does not agree with your views. If it has made you think it has done you good.

Tom Lawson may have a motive in exposing "Amalgamated" but it is the first time the public has had a true glimpse of the inner workings of Wall street.

The Japs may be heathens but they have a common courtesy, honor for parents and patriotism which the Christian nations would do well to pattern after.

There are two sides to every question. Just stop a minute and think of the other fellow's side. Perhaps the right is all on your side and perhaps it is not.

The public now knows how the large life insurance companies use the people's money. These companies cannot afford to pay the medical man fairly for services but can pay big salaries to everyone else connected with them.

Why let the Christian Scientists, magnetic healers and osteopaths cure so many functional disorders? Christian Science is suggestion; magnetic healing and osteopathy are suggestion plus massage. The medical profession can make good use of suggestion and massage.

The letters sent to advertisers by the business managers of some of the state medical society journals would make the advertising men of the independent journals blush for modesty and turn green with envy. They offer to deliver the members of the state societies, body, clothes and soul, over to the advertising patrons. Can they do it? Is that the object of state medical societies?

The State Medical Society of Wisconsin held its annual meeting at La Crosse, June 7-9. The following officers were elected: President, Dr. J. R. Currens, Two Rivers; vice presidents, Dr. A. W. Gray, Milwaukee; Dr. A. Gunderson, La Crosse; Dr. W. E. Fairchild, Green Bay; secretary, Dr. C. S. Sheldon, Madison. The meeting next year will be held in Milwaukee.

The July Recorder will contain an important article in Dr. G. G. Burdick's series on "Physics of the X-ray." This article will present the treatment of skin diseases by the X-ray, based on Dr. Burdick's large experience. We are having eleven full page half-tone plates made for the article from photographs taken by Dr. Burdick for the Recorder. We are sure every physician will enjoy reading this practical and interesting article.

A leading article in June McClure's is "Typhoid: An Unnecessary Evil," by Samuel Hopkins Adams, who has gone over the subject thoroughly and gives some good advice on prevention. Other leading articles are: "The College Athlete," by Henry Beach Needham; "An Apology for Going to College," by Helen Keller, with a new frontispiece portrait of this wonderful girl; "Scott," by George Edward Woodberry, the second paper in the series "Great Masters of Literature," with reproductions of portraits in tint. As usual with McClure's there is a good supply of really good fiction. This number is freely illustrated, a strong point of McClure's. McClure's has a character of its own which causes it to be read thoroughly.

DEFENSE CONTRACTS

We have frequently in these columns called attention to the necessity for defense against malpractice suits and have stated that the only satisfactory protection is a contract which gives defense without compromise. The contracts sold by insurance companies are not satisfactory, as they settle the case the cheapest way and the doctor's reputation has not been upheld but is injured permanently. A number of malpractice suits in Wisconsin have been poorly handled and judgments obtained against physicians in excess of the insurance. Contracts agreeing to pay judgment to a certain amount only encourage litigation. The jury is informed that the doctor is insured in a wealthy corporation which will pay the judgment, sympathy is excited for the plaintiff and the usual result is a judgment two or three times the amount of the contract. Every malpractice suit won encourages more such suits to the detriment of the whole profession. Wisconsin has recently had a number of such suits, which were lost because not properly defended. Any physician, no matter how small or how large his practice, is likely to have a malpractice suit at any time.

The only defense which we consider of any value is the contract made by the Physicians' Defense Company of Fort Wayne, Ind. This company agrees to expend, if necessary, $5,000 in the defense of any one suit but does not pay a cent for damages. Physicians usually do their best for their patients and it is very seldom that there is any good cause for a malpractice suit. The profession should support the Physicians' Defense Company which is successfully fighting its battles. We do not make these statements to advertise the company but because they are facts. The profession is confronted with a great evil which threatens to take away hard earned savings. If the evil is properly met it will be downed, if not it will grow with startling rapidity.

An editorial on this subject in the Medical Fortnightly, says:

"The report of Dr. F. R. Ream printed in this issue, certainly should sound a warning note to physicians as well as dentists who contemplate taking up policies protecting them against malpractice suits. In this case, a reputable dentist was sued by a patient upon whom he had operated with good results. An abscess at the root of the tooth became chronic. The patient was examined by a physician employed by the company defending (?) the dentist. The physician, who by the way is an "expert expert" on all matters medical, protested that the patient had been injured by the dentist. The company refused to entertain the idea of fighting the case out in court on its merits, but settled the controversy by payment of $300 to the patient. Thus, the dentist was placed in the position of one who had really done wrong and was apparently willing to pay for it. The affair is simply a blackmailing scheme aided and abetted by the physician, with the commercial economy of the casualty company employed to defend the dentist forming the background.

The lesson to be learned from this case is, first, that no physician or dentist should take out a policy protecting him from malpractice suits except where it specifically states in the body of the policy that the company will not settle any claim without the policy-holder's consent. There are many of us who have never given much attention to the sharp lines of difference between policies of this kind. It is far better to have a policy which simply agrees to expend a sum of money in defense of any malpractice suit than it is to have one which either pays a judgment, or else settles a case by compromising the professional man's reputation and establishing an encouraging precedent for other blackmailers to follow suit."

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

STUDIES IN GENERAL PHYSIOLOGY. By Jacques Loeb, Formerly of the Department of Physiology in the University of Chicago, now Professor of Physiology in the University of California. 2 vols. Pages, 782. Cloth. Illustrated. Price, $7.50. University of Chicago Press, Chicago.

The work in physiology which Prof. Loeb is performing is attracting world-wide attention and the publication of the results of his labor to date will be welcomed by scientific readers everywhere. Prof. Loeb's literary productions have been scattered in various publications and so many physicians and biologists have requested their publication in accessible form that the present volumes have been issued. The volumes contain a collection of papers on diverse subjects but a single leading idea permeates all, namely, that it is possible to get the life-phenomena under our control, and that such a control and nothing else is the aim of biology. The first part of the work is devoted to heliotropism showing the identity of heliotropism of animals with heliotropism of plants. This is following by an interesting discussion of instinct and will in animals. Some of the other subjects presented are: Heteromorphosis, geotropism in animals, organization and growth, regeneration, development of fish embryos, brain physiology of worms, physiological effects of lack of oxygen. Of special interest is the report of his work in the artificial production of normal larvae from the unfertilized eggs of the sea-urchin.

These books represent an immense amount of original investigation and everyone desirous of keeping abreast with late developments in general physiology, should read them.

AMERICAN ALKALOMETRY. Vol IV. A Digest of Chronic Teachings. Edited by Doctors W. C. Abbott and W. F. Waugh. Pages, 734. Half Leather and Cloth. Price, $2.00. Clinic Publishing Co., Ravenswood Station, Chicago.

This is the fourth volume in the series on alkalometry which Doctors Abbott and Waugh have been issuing at intervals. This volume is composed of articles selected from the Alkaloidal Clinic for the years 1902 and 1903, arranged alphabetically. These books place in permanent form for ready reference many valuable contributions to therapeutics.

Some of the authors represented in the book are A. L. Blesh, C. E. Boynton, J. A. Burnett, W. C. Buckley, W. L. Coleman, W. C. Cooper, G. H. Candler, E. M. Epstein, S. E. Earp, V. E. Lawrence, J. R. Phelps, J. M. Shaller, W. B. Squire.

An article on or some reference to nearly every remedy used in dosimetric practice can be found in the volume. Practical suggestions abound on nearly every disease met in everyday practice.

A complete index and the alphabetical arrangement enable one to quickly find anything wanted. The book is splendidly printed and bound and any physician ought to get several times the cost out of it.

INTERNATIONAL CLINICS. A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathol-

ogy, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to Students and Practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Volume I, fifteenth series. 1905. Pages, 312. Cloth. Illustrated. Price, $2.00. J. B. Lippincott Company, Philadelphia.

The latest issue of this valuable series comes laden with the usual wealth of practical matter on the latest things in practice. A leading article is an exhaustive treatise by Archibald Young, M. B., C. M., B. S. C., of Glasgow, Scotland, on "Skin Grafting in the Late Treatment of Severe Burns Involving Extensive Areas of Skin." with the description of an essential modification in the operative technic of Wolfe's, or Krause's (whole thickness of skin) method, and notes of a series of illustrative cases treated according to this plan. The article is illustrated with half-tone plates and will be found very useful. Dr. Robt. H. M. Dawbarn, of New York City, writes a very practical article on "The Starvation of Malignant Growths by Depriving Them of Blood-Supply." A Clinical lecture is given by Francesca Durante, M. D., of the University of Rome, on "A New Operative Method for the Total Expiration of the Larynx," illustrated with four half-tones. "The Treatment of Knee-joint Disease," by Russell A. Hibbs, M. D., of New York City, is a practical article illustrated with half-tone plates. Dr. A. Ernest Gallant, of New York City, contributes "The Treatment of Glenard's Disease" in which is discussed all measures used in the relief of this condition. Dr. Chas. K. Mills, of Philadelphia, furnishes an excellent article on morphinomania, cocomania and general narcomania. Dr. Mills believes in the gradual, but not too slow, withdrawal of the drug. His main remedy in treatment is strychnine nitrite in increasing doses until 1-10 to 1-5 grain is administered daily. Dr. J. Walter Carr, of London, writes on cerebellar tumor. The Progress of Medicine during the year 1904 occupies 114 pages of the volume and gives a summary of a year's progress in all departments of medicine. The section on Treatment is by A. A. Stevens, M. D., of Philadelphia; that on Medicine by Drs. David L. Edsall and Wm. B. Stanton, of Philadelphia; while Dr. Jos. C. Bloodgood, of Baltimore, has prepared the section on Surgery.

We have called attention to only a few features of the book but can assure our readers that they will find in it many times the cost of the work. It is splendidly printed and profusely illustrated with numerous plates.

Thoughts for the Occasion, Fraternal and Benevolent. Reference Manual of Historical Data and Facts, Helpful in Suggesting Themes, and in Outlining Addresses For the Observance of Timely or Special Occasions of the Various Orders. Compiled by Franklin Noble, D. D., Editor of the Treasury Magazine. Pages, 576. Cloth, $2. E. B. Treat & Co., 241-243 West 23d Street, New York Ctiy.

This volume makes a good addition to anyone's library, as it is a good book to refer to for information regarding fraternal and benevolent organizations. These societies are arranged in three classes: Social and Benevolent Brotherhoods, such as Freemasons, Odd Fellows and Knights of Pythias; Beneficiary and Fraternal Orders, such as Modern Woodmen, Ancient Order of United Workmen and Royal Arcanum; Reformatory and Religious Fraternities, such as Sons of Temperance, Good Templars and Hibernians. In presenting each order first an historical ac-

count of the society is given and then addresses given on various occasions by members giving information regarding the objects and work of the organization. The rapid growth of fraternal organizations in the last few years makes this book of especial worth and interest. Six million persons in America belong to fraternal organizations. Anyone wishing to prepare an address on any occasion before any of the fraternal organizations will find this book very useful. The volume contains a good index so that it constitutes a regular encyclopedia on fraternal societies.

STUDIES IN THE PSYCHOLOGY OF SEX —SEXUAL SELECTION IN MAN. I, Touch. II, Smell. III, Hearing. IV, Vision. By Havelock Ellis. 6 3-8x8 7-8 inches. Pages XII-270. Extra Cloth, $2.00, net. Sold only by Subscription to Physicians, Lawyers, and Scientists. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is the latest volume in this series of scientific studies in the psychology of sex. Sex plays such an important part in physical and moral matters that its scientific study by professional men is of value to mankind. Very properly the sale of these books is limited to the professions interested in such matters and able to properly judge the subject. The present volume is a study of the causes of excitation of sexual passions, which causes operate through sight, smell, hearing or vision. The observations on these special senses are of considerable interest. Properly read this book gives a very clear understanding of the subject and will prove instructive and useful. Physicians, especially, can do much for the betterment of the world by thoroughly understanding the psychology of sex. Sexual perversion in various forms is responsible for much evil and some of this the educated physician can prevent. Each volume in this series is complete in itself and is sold separately.

BOOK NOTES

The Cosmopolitan for June contains a character sketch of Congressman Timothy D. Sullivan, under the title "The Modern Robin Hood," by Alfred Henry Lewis, makes interesting reading. "What He Could Do With It," by David Graham Phillips, is an imaginary glimpse into the possibilities which lurk in the vast fortune that will be inherited by John D. Rockefeller, Jr. "What He Will Do With It," by Alfred Henry Lewis, will appear in the July number. Other subjects are: "Society Amateur Actresses," "Town Life in the Indian Territory," "The World's Competitor-to-Be," "Clowns and Clowning," "Butter, Cheese and Condensed Milk as Factory Products," "From a Lover's Note Book," and "A Beaver's Reason."

For $2.20 we send The Cosmopolitan, Leslie's Monthly Magazine, and The Recorder one year and 1000 premium labels.

The remarkable advance made by modern medicine in handling contagious diseases and the possibility, first suggested by Pasteur, of making all "infectious diseases to disappear from the world," is told by Dr. A. C. Seely in Leslie's Monthly Magazine for June. The writer shows what work has been done in bringing about artificial immunity through inoculation and indicates the lines along which physicians are working to curb the contagious diseases that now ravage the world's population. The other interesting special articles are: "The Jews of Wall Street," by S. A. Nelson; "The Bad Boy: How to Save Him," by Judge Lindsey, and "Speaking of Insurance,"

by Willard Helburn. Miss Annie Payson Call in this number begins a new series of papers on "Every Day Living," and the account of the Pinkerton Agency is concluded.

For $2.20 we send Leslie's Magazine, The Cosmopolitan, and The Recorder for one year and 1000 premium labels.

"The Lady from the Sea," a new novelette by Cyrus Townsend Brady, appears complete in the June number of Lippincott's Magazine. As the title indicates, this is a tale of the sea, so thrilling, so romantic, so full of adventure that it compels devouring interest from its first to its last page. The paper by Professor Albert Schinz, of Bryn Mawr College, on "An Opening for Girl College Graduates Who Need None," strikes a new note on a very popular subject. This author thinks that the more rights women have obtained in the past sixty years, the smaller has grown their influence in the world. The cause of it he sets forth in a most significant and interesting article. The delicious sketch called "Philadelphia in June," written by one who calls herself "An Exile," recalls similar sufferings endured by those having the misfortune to spend a hot day in the city, but who have not the gift of amusing description such as the author of this paper. Many delightful short stories, charming poetry and the live jokes of "Walnuts and Wine," make a splendid magazine for summer days.

The June number of Everybody's brings to us the crucial instalment of "Frenzied Finance," Mr. Lawson's intimate recital of the First Great Crime of Amalgamated. The happenings of that now famous midnight session at the National City Bank on May 4, 1899, when Henry H. Rogers and James Stillman introduced an infamous bogus subscription and defrauded and robbed thousands, are clearly and dramatically told. Here are facts —facts about a conspiracy of which the public has never before had an intimation. Equally vital is Mr. Russell's article answering the Garfield report on the Beef Trust. Everybody has stood aghast at Mr. Garfield's conclusions.. Have we all been wrong? Can it be possible that our meat bills are not alarmingly increasing? Is the Beef Trust a shadow? The publishers of Everybody's claim this number, the second anniversary number, is the best they have ever issued. There is a novel and entertaining article on "Opper, Outcault & Co.," the story of the Comic Supplements, by Roy L. Mc Cardell. The pencil drawings of the Hudson River by Vernon Howe Bailey are full of beauty and distinction.

Latent rheumatic conditions are now more prevalent on account of an exceedingly cold and damp spring, causing many recurrent cases of rheumatism, neuralgia and grippe, for which tongaline liquid is the standard prescription.

Tongaline and lithia talbets are particularly indicated in diseases which are caused by deposits of urates in the tissues, especially in the joints and in the kidneys.

Tongaline and lithia tablets can be prescribed with the greatest benefit for many people who indulge in generous or intemperate habits of living, as this combination will promptly and thoroughly eliminate any excess of uric acid in the system.

An unusually cold and damp spring is always conducive to the development of much malaria for which tongaline and quinine tablets are almost a specific, quinine for the fever, tongaline for eliminating the poisonous secretions.

Brainfag, from worry, overwork or excesses of various kinds, is quickly relieve d by the use of celerina, in teaspoonful doses three times a day.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

THE CHANGED CONDITIONS

By J. R. Phelps, M. D., Dorchester, Massachusetts.

How many of the practitioners of our day can remember the pharmacy of 60 years ago. If there was anything that I hated to do in that period, when I was an urchin of 7 and 8 years old, it was to run errands. There were not hours enough in the day for our fun, for school kept 6 hours by committee regulation, and as much after hours as the whim or "cussedness" of the pedagogue suggested, and sometimes he would cut into the sacred hours of play in a most exasperating way. To get home after such an experience and find two or three errands waiting made the average boy doubt if life was worth living. It was "James, go into Tom's and get half a peck of meal for the pig," (for every one in that old city of Salem, Mass., kept a pig in those days,) or, "go down to Sam's and get 2 pounds of brown sugar." or, "go up to Ben's and get an ounce of green tea, for Mrs. Gossip is here to supper, and she can't drink black tea."

But there was one errand I always liked to do, and that was, take a prescription to Dr. Farrington's apothecary shop, and when I saw a doctor drive away from a neighbor's house, I would put for that house to see if there was a prescription to be put up. Dr. Farrington always gave me a strip of jujube paste,—about the only goody that the apothecary of those days kept, —and I generally got a huge copper cent besides, but that was nothing to the fascination of following the little man from bottle to bottle, watching the changes of color as he concocted the mess. And what a disappointment it was when the prescription was for Dover powder or diachylon salve, which was kept ready prepared, and needed no mysterious alchemical process. And then to watch the compounding of pill mass, and the rolling out on the marble, and cutting into bits to be made into pills with thumb and finger. No thought of digital microbe in those days. But the ready made pill and tablet of the manufacturing chemist, and his elixir have robbed the pharmacy of its old-time interest,—just as the steam winch has annihilated the poetry of a sea voyage and driven the song of the mariner into the realms of memory,—and have transmuted the apothecary shop into a soda and cigar divan, with a large stock of confectionary and toilet appliances, and more or less of the ardent in the back shop.

Something has been gained by the transition perhaps. The physician can take his remedies with him, and dispense them himself, and stop and see the effect of the first dose. To be sure, the uncoated pill of the old-time apothecary did not pass out of the system just as it was taken, as some tablets have a way of doing—which knowledge leads me to always crush and dissolve a tablet before administering it.

But I am wandering from the subject I had in mind. I sometimes think the diffusion of information is not so easy under present conditions. The "proprietary" form of many valuable preparations puts them in the "commercial" list, and it often happens that a man may have great success with a compound, which he would like to

make known to his brother practitioners, but he runs up against this obstacle, the medical journal will not print his testimony if it is in the least laudatory of the preparation, and who wants to damn with paint praise a remedy which he has found invaluable? I don't and I won't.

I grant the argument of the publisher of a medical journal. Few, if any, derive much income from their subscriptions, and are obliged to live on the proceeds of their advertisements, and anything that trenches on this resourse may be so much subtracted from the general profit. Still it seems to me that this rule might be made somewhat elastic, for the medical journals that show the greatest generosity in this way, wield the greatest influence, and are the most valuable advertising mediums. I find this trait more prominent in western journalism, and it is this fact, coupled with the fact that the western journals devote much space to therapeutics, while the Eastern publications almost ignore this department of the science, that leads me to confine my studies almost exclusively to the western medical literature.

This is a long prelude, but the sermon will be a short one.

Echinacea is a remedy that I have been using very much during the past 12 years, which is practically the limit of time it has been known hereabouts. It has proved one of the most successful remedies I have ever used. Some little while since I was using it in a case of obstinate ulcerated tonsils involving the tongue, that six weeks hospital treatment had not had the least effect on. It seemed to me that thuja would be an effective synergist for it, and on communicating my opinion to a valued friend in the west, he told me of a new preparation, combining echinacea, thuja, and baptisia, advising me to give it a trial. I got a bottle of it, and its effects were so satisfactory that I have been using ti in several cases of virulent eczema, canker, rhus, tax poisoning, brown tail moth infection, ring worm, and lastly a bunion, with such satisfactory results that I can no longer hold my peace. I want others to see what a valuable remedy it is. The name is "Eusoma," and it is made by the "Eusoma Pharmaceutical Co.," of Cincinnati, if you know who that may be, for upon my word I don't. The supply I got for trial was sent me by my friend in Ohio, but it is now kept in stock by a drug jobbing house in Boston. It is a remedy that ought to be known by the profession.

Please don't consider this an advertising puff, as I said truly, I do not know who the "Eusoma Pharmaceutical Co." may be. I only know that they make a preparation that has given me the most satisfactory results.

ANEMIA

The U. S. Government Commission appointed to study anemia due to uncinaria in Porto Rico, has just issued an interesting report on this disease, which is prevalent there. The report gives a detailed history of cases followed by summary and conclusions, from which we take the following:

The eighteen cases in which peptomangan (Gude) was used in the treatment of the anemia of uncinariasis, were especially selected by the Commission on account of their extreme severity, and thus these cases represent the most crucial test to which any iron preparation can be subjected.

The results attained with this treatment were extremely gratifying. In nearly all the cases we find such notes as these: "Excellent condition;" "Color of the skin good;" "Completely cured," etc., at the end of the history; while the contrast between the low percentage of hemoglobin and the low red blood cell count on the one hand, and the normal, or nearly normal, findings at the conclusion of the treatment, on

the other, offers a reliable criterion for gauging the efficacy of the medication employed.

Of course, iron occupies but a part of the battlefield in the rationale of the treatment of uncinariasis, with its parasites, and the purges remove their purges, etc., as noted in the histories, formed an indispensable element in the treatment. Yet, while thymol kills the parasits, and the purges remove their bodies from the intestines as well as diminish the amount of toxines in the system, these remedies only clear the field for a reconstructive process in the blood which is needful for the restoration of the extremely anemic patient to health.

The report of the Commission shows that the administration of iron could be dispensed with in the mild forms of the disease, and that the organism could be relied upon to restore the blood by virtue of its own recuperative powers, after the parasite had been removed by means of thymol, etc. In private practice, however, the administration of iron, even in these mild cases, would undoubtedly hasten recovery, to a material extent.

On the other hand, in severe cases, iron was required to bring the blood up to the standard of health, and thymol, or other anthelmintics alone, could not be relied upon to effect a cure. The two elements of the treatment—the destruction of the parasite, and the building up of the debilitated blood,—therefore, were complementary to each other.

Pepto-mangan (Gude) was the only proprietary iron preparation reported by the Commission, and was employed only in the special cases selected on account of their severity, while in other cases the Commission used either iron in the form of inorganic compounds, or else no iron at all, as stated above. The whole tenor of the report is extremely unbiased, and the Commission says nothing in the way of endorsing pepto-mangan. The members of the Commission, as officers of the government, evidently preferred to allow the recorded facts to speak for themselves, and it is for this reason that we publish herewith the histories of all the cases treated with pepto-mangan by the Commission, giving the records verbatim from the official report.

In a few cases, the Commission, for some reason not stated, changed the treatment from pepto-mangan to Blaud's pills, at the very last moment, e. g., a week or two before the patient's final discharge cured. This change, in each instance, was made when the patient's blood had already been improved to the normal standard, or very nearly so, with the aid of pepto-mangan. It is self evident and it appears very clearly in all the histories of these few cases, that the credit for the restoration of the blood to its normal state is due solely to pepto-mangan, and that the Blaud's pills in these cases could not have produced any appreciable effects, simply on account of the short space of time during which these pills were given.

A noteworthy fact is that none of the patients showed any digestive or other disturbance after the administration of pepto-mangan, although the remedy was used for many weeks in each case. When we remember the extremely low state in which most of these patients were found on admission, and the fact that several suffered from gastro-intestinal symptoms incident to their disease, this is a detail which is by no means to be underestimated.

The remarkable results obtained with pepto-mangan in these extreme anemias, as shown by the histories cited, are so evident that "he who runs may read." The chain of evidence presented is complete; the observations are exceptionally accurate and were made under governmental control, and therefore, the report may be regarded as a triumph for pepto-mangan (Gude) af-

ier a supreme test of its efficiency in ase of the severest forms of anemia known.

WHAT SHALL IT BE?

This question is present in the mind of the busy physician every summer when he confronts the problem of appropriate tonic medication for the weak, poorly-nourished and debilitated. He knows that during no other season of the year is there so marked a tendency to disturbances of the gastro-intestinal tract and that many intractable forms of diarrhoea may resuh from unsuitable foods and medicines; the first requisite therefore is to select a tonic that has the negative virtue that it will not irritate the sensitive stomach and intestines. Cod liver oil, iron and the usually employed nutritives and tonics have a well-defined local irritant action on the gastro-intestinal tract, and are unsuitable when these organs are in the super-sensitive condition so commonly present during the heated term; these remedies, experience proves, lack even the negative virtue of non-irritating character.

The next question to be decided is, what remdy has a selective action on the gastro-intestinal mucous membrane whereby its functions are kept in a normal condition? In other words, how may the natural tendency of hot weather to set up irritation of these organs be combatted, and at the same time how can the patient be properly nourished? A moment's thought as to the physiologic effects of Gray's glycerine tonic comp. will answer these questions and explain why this remedy is the best tonic and reconstructive for summer use.

First of all, Gray's tonic is one of the most prompt and reliable gastric sedatives known to the profession; as instance of this it is only necessary to recall its wide-spread use in the gastric irritability and vomiting of pregnancy and sea-sickness. Once having pacified the stomach it exerts very positive effects upon the secretory and motor functions of this organ, manifested by creation of appetite and increased power to digest food. It is a great step forward when these patients can take sufficient quantities of proper food and have the power to digest and assimilate it. Gray's Tonic accomplishes this and as a consequence has a pronounced influence in improving the nutrition of the patient. It thus starts aright the complicated physiological processes which result in increased blood constituents, more vitality, greater strength, and increased power to resist the inroads of disease.

Let any one who doubts the truth of these statements try Gray's tonic in any case of malnutrition, general debility or nervous exhaustion existing independently or as a part of chronic organic diseases, and note how well these patients stand the depressing effects of hot weather, how free they are from gastro-intestinal complications, and how beneficial the remedy is upon the general nutrition.

Grays glycerine tonic comp. owes its distinctive value to the proportion of the contained ingredients and their manner of combination. All imitations lack these characteristes of the original and are consequently of inferior value.

ALKALOMETRY: ACTIVE-PRINCIPLE THERAPEUTICS

WHAT IT IS.

1. The administration of small doses of the most active and potent known remedies (chiefly alkaloids and other active principles representing the majority of all the accepted vegetable remedies) at short intervals until either remedial effect or signs of drug suffi-

ciency, the full physiological effect of the drug are apparent.

2. The exhibition of such doses in the form of tiny soluble granules or tablets—each containing a definite amount (usually gr. 1-134, 1-67, 1-6 or 1-3) of the drug.

3. The additional use of such solvents, eliminants, vital incitants and local and systemic antiseptics as have proven by extensive clinical test of considerable remedial value.

4. The freedom to use any and all remedial agents—always in the purest and most concentrated form available—that will produce definite results in a recognized condition.

5. The absolute avoidance of promiscuous formulas, problematical remedies, crude drugs (vegetable) and nauseous, changeable, alcoholic tinctures and fluid extracts when the active (remedial) principle of the drug can be given in its purity in effective well-established dose.

WHAT IT DOES.

1. It cures, where it is possible to cure, cito, tuto et jucunde. Its chemistry is done outside the sick body.

2. It gives the maximum obtainable results in the shortest possible time, with absolutely safety and with no possibility of over-dose, or cumulative effect.

3. It enables the practician to give the most potent medicines to the youngest infant or the most squeamish invalid without the aid of scales, measures or menstrua.

4. It enables the doctor to push a remedy to effect without wondering whether he has poisoned that particular patient in his effort to give enough.

5. It makes it possible for the practician to have always with him an emergency case filled with standard medicaments of unchangeable strength and consistency for acute cases and urgencies, thus enabling him to treat conditions when they most need treatment and when he can do the most good.

6. It enables the doctor to praise the most certain, safe and efficient method at a nominal cost.

7. It eliminates "chance" and, with perfectness of diagnosis and application, makes medicine "An Exact Science"—or as near that as it is possible to attain.

Doctor, you may have seen this before, but it is worth another look.

ANTIKAMNIA (THERAPEUTIC INDICATIONS)

Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved, it is today in greater use than any other of the synthetically produced antipyretics. The literature is voluminous, and clinical reports from prominent medical men in all parts of this country, with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symptomatic affections, such as the neuralgias, rheumatism, typhoid and other fevers, headaches, influenza and particularly in the pains due to irregularities of menstruation. Antikamnia has received more adverse criticism of a certain spiteful kind, particularly directed aganist its origin—and because of its success—than any other remedy known; critics have seemed personally aggrieved because of its American source; and that it did not emanate from the usual "color works," but their diatribes have fallen flat, as do most persecutions and unreasonable and petty prejudices. The fact stands incontrovertible that antikamnia has proved an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. That is the secret and mainspring of the antikamnia success.

It is antipyretic, analgesic, and anodyne, and the dose is from 5 to 10 grains, in powder, tablets or in konseals taken with a swallow of water or wine. When prescribing antikamnia, particularly in combination with other drugs, it is desirable to specify "in konseals," which are rice flour capsules, affording an unequalled vehicle for administering drugs of all kinds.

ECZEMA OF THE FEMALE GENITALS

Every physician of experience has encountered cases of eczema of the external genitals in women, and knows how well-nigh unbearable is the distress occasioned thereby, and also how rebellious of cure such cases are. The following case and its cure, which Dr. Charles F. Bissell, a well known physicion of Lewisville, Minn., reports, will be of interest:

"My experience with uriseptin has been most gratifying, so much so that I desire to give the readers of the Journal the particulars of the case. Mrs. J., age fifty-seven, for several months had been a great sufferer from a form of eczema, and had received treatment from five or six of the leading phyiscians of Iowa, where she resided, but obtained temporary relief only. So discouraged had she become that, as she later confessed to me, she had contemplated suicide to end her misery. When she came under my charge I made a thorough examination, including an examination of the urine. I found the latter contained a large excess of uric acid, and I felt confident that I had found the cause of the trouble, and that it was a clear case of 'Paraesthesia.' I at once put her on uriseptin. Before the contents of a single bottle had been taken she reported herself as entirely free from all itching. The urine had cleared up, and, in fact, as she put it herself, she 'felt like an entirely different person.' I have recommended that she continue its use for some time yet and report later."

We could, were we so disposed, cite several similar cases in which uriseptin has produced most satisfactory results.—Mass. Medical Journal, December, 1904.

HIP FRACTURES

Dr. W. W. Wentworth, Chicago, Ill., writes us the following: "With pleasure I desire to report to you the marked success in the use of the Ambulatory Pneumatic Splint for the treatment of several cases of fracture of the neck of the femur. In my experience, I have found no device for the treatment of fractures of the long bones which secured such good results, at the same giving comparative comfort to the patient. I would call your attention to one case in particular, that of my mother-in-law, aged 84, who suffered a non-impacted fracture of the neck of the femur. With the application of the apparatus, she became very free from pain and finally made admirable recovery, having secured bony union with good use of the limb. I am warranted in saying that without the use of the splint and the attendant treatment, that it permitted, the conditions were such that the result would doubtless otherwise have been fatal. This device is decidely a valuable addition to the modern treatment of fractures and I gladly recommend its use."

In those puzzling cases of menstrual derangement where all other known remedies fail, Metris Cordial Rio often cures.

No more healthful, stimulating and generally beneficial application can be made to a diseased mucous membrane than Kennedy's pinus canadensis.

Epithelioma of ten years standing

Epithelioma of ten years standing, eight weeks after X-Ray treatment

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Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

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(Continued from page 194 May Recorder)

SKIN DISEASES.

TECHNIC.

Reduce the tube below the line where it will give off X-radiation in series with the machine. Insert spark gap of a quarter of inch each side of the tube. Place glass walls of the tube five inches from localized trouble. Use a mask of lead; give five minutes exposure every other day for two weeks and continue every day until irritation is produced. Use one milliampere of current, stop treatment as soon as pronounced itching sensation is produced. Most external lesions of the skin require the tube at 15 inches, one-half inch spark gap, two milliamperes of current and eight minutes exposure, with no protection of the parts. I shall give my attention to describing the skin diseases that I have found in eight years experience with Radio-therapy to yield readily to the X-ray. This experience as I shall give it, will be a personal one. I shall not attempt to give credit to anyone for priority of suggestion. I am not insensible to the immense amount of work done by others in this line of treatment, and have adopted and used any good suggestions that appeared from time to time.

Skin diseases have offered great difficulties to the general practitioners and dermatologists had a great number of skin troubles that resisted every effort they could make and a great classification of obstinate diseases were not considered curable up to the discovery of the X-ray.

When it was found that the X-ray had a peculiar curative property in this line of diseases, it met considerable unbelief among dermatologists and physicians who had tried to treat these diseases in years past, and all of the early work of the X-ray operators was discredited in the medical mind as being the result of a "hypertrophied imagination."

Time, and the increasing number of cures, however, soon compelled wonder where ridicule had been the order of the day. I well remember the plight of an early operator who read a paper in the American Roentgen Ray Society on localized tuberculosis and

the amount of ridicule and abuse he was compelled to stand. The society excluded the paper from the public proceedings. One year later the society had four papers on the subject which were favorably received and discussed by the many members present. There is only one drawback writing upon this subject, and that is the danger of exaggeration. A writer may be pardoned if his enthusiasm runs away with him when he is writing about some well-known subject, but greater danger may follow unwise assertions.

Inflammatory Dermatosis. My experience with this class of diseases has been uniformly successful. Eczemas of the various parts of the body yield readily to the proper application of the X-ray. The chronic indurated eczema of the hand appearing among seamstresses, milliners, etc., will heal up readily in a few weeks under the influence of the ray. Many of these cases of many years standing where all other forms of treatment have failed, yield as promptly as more recent cases. The effect is not limited to the relief of a patient, but there is some change in the tissue that causes a complete disappearance of the disease. There is a disposition among operators to regard this treatment as a specific in eczema, but a number of failures have occurred among some of the most careful men.

Psoriasis and Lichen Planus are two different diseases that yield readily to X-radiation. Healing starts promptly and all evidence of the disease disappears after a few weeks treatments. I have had 36 cases of this character, and satisfactory cures have taken place among all of them.

Rosacea. The follicles and dilated blood vessels disappear rapidly, followed by a rapid retrograde tissue change until in a few weeks, the nose assumed its proper size and shape. A very slight tendency to relapse could be noticed in several cases, but have yielded promptly to the farther application of the ray. It is hard to realize the gratitude of the victim of this disease when he finds that a cure has taken place. To be always under the suspicion of looking "upon the wine when it's red," when you are a prohibitionist, is heart-rending. I have had 32 cases of this trouble and good results have been obtained in each instance.

Hyperidrosis. This little, but aggravating trouble causes considerable annoyance to the victim. The clothes are constantly soaked in perspiration in places, and usually considerable odor accompanies the disease. From the well known action of the ray upon the follicles of the skin, it suggested itself early to several operators as a remedial agent of great value. Experience shows that their inference was well founded, as a prolonged application of the ray will cause atrophy of sweat gland to take place, and a cure is obtained. It is the only known successful method of treating this troublesome complaint. I have had 27 cases of this trouble and no failures. It apparently is a specific for this class of diseases.

Pruritus. Apparently we have in the X-ray a reasonably successful method of relieving these pitiful sufferers. The horrors of this disease can hardly be imagined by those who have not been compelled to put up with this intolerable itching night and day, with no means of relief. Their suffering is so great that they will tear their flesh with their fingernails to get relief.

One patient I had with pruritus ani could only sleep while lying in a bathtub containing baking soda and water. The trouble seems to be due to a peripheral neuritis, and the effect upon the terminal nerves by the X-ray suggested its use to this condition, and immediate relief was experienced. It is necessary to carry the exposure far enough to produce a very mild form of dermatitis to insure relief. I have had 62 cases of this trouble in the last sev-

en years and relapses have occurred in only four cases which readily yielded to further applications of the ray.

Indurated Eczema. This disease disappears rapidly under the ray treatment. As a general rule no other application should be used for these cases except the X-ray and particular attention should be used to get just the right kind of a dermatitis.

If the ray is pushed too far these cases react violently and destruction of tissue may take place. It should be borne in mind that nearly all cases treated by the X-ray operators are chronic and have existed for years and had treatment from physicans and then had been treated without avail by some of the most noted dermatologists in the world, and the fact that we can cure these diseases in a few weeks shows the enormous value of the ray as a curative agent. The success that has followed its use makes it desirable that this treatment be continued to the exclusion of other forms of treatment until sufficient experience has accumulated to allow us to form a definite rule for its use.

Pigmented and Vascular Nevi. This ugly ailment which causes so much mental distress to its owner can be improved, and in many cases removed entirely by the X-ray. I have had to deal with twelve cases of this character and while I did not succeed in completely removing all of the marks, it bleached out to such an extent that it did not annoy the patient to any degree. Many times a deep, angry red would bleach out to a pale pinkish tint, not at all noticeable. In several cases I have supplemented the ray with a zinc-mercury needle that destroyed the large vessels that supplied part of the nevi, thereby hurrying the process several weeks.

Hypertrichosis or superfluous hair has not given quite as good satisfaction as it promised in the beginning. The hair may be quickly removed but promptly returns without the exposures have been carried to the point of vesication where the hair glands are destroyed. Many cases of rather severe dermatitis are sufficient to prevent a recurrence, but cannot be depended upon without repeating the exposure in four and ten weeks to supplement the effects of the ray. This method of treatment has not had a fair show, as those presenting themselves with this trouble are women who have a growth of hair upon the face and very few operators care to run the risk of scarring a woman's face, even if he don't consider it beautiful, as the woman is sure to disagree with him. I had one notable case of a girl who intended to get married and had a "skeleton in her closet" in the shape of a patch of stiff black hair about six by eight inches located between her breasts. I undertook the task of removing it by the ray and succeeded in doing it in four treatments, which were supplemented four and ten weeks later with more treatments to prevent its return. I am glad to say that I was entirely successful, as no recurrence has taken place in four years. It seems absurd, but no one could be more grateful than this patient, even if their life was at stake. Farther investigation is demanded upon this subject, and it should be invariably treated where the hair appears upon the body.

Acne. In this disease the X-ray can be considered as a specific. In over 80 cases I have no failures to record. It is marvelous the way acne will yield to the proper application of the X-ray. We seem to get just as good results in the indurated acne of ill health as we do in the acne of healthy children. The result is due to the direct effect of the ray upon the follicles of the skin. They decrease in size, the oil disappears, and a general improvement in the texture of the skin takes place. Of course, it should not be necessary to say that a treatment of this kind requires consid-

erable caution and it is usually prolonged for safety as no risk should be run of scarring the face where it can be avoided.

Lupus Vulgaris. This disease surprised every dermatologist by the way it would yield to the X-ray. I have had 68 cases of this disease and only one failure to record. This was very extensive; covering both sides of the face and neck and complicated with syphilis. An operation upon the mastoid by some surgeon in the county hospital resulted in a tubercular meningitis. While this case was under treatment one side of the face and neck cleaned up beautifully and the surface upon the other side had become circumscribed and a favorable result was looked for when the mastoiditis rendered an operation necessary for relief. I have had so many cases of this disease that I have had a fair chance to try the ray in all of its various phases and have come to the conclusion that the ray is specific in any uncomplicated case of lupus vulgaris. Many of the cases I have treated have existed for years; have tried all forms of treatment, and still existed in all their hideousness. It would seem from the number of favorable reports received from different operators that surgeons would hesitate before skin grafting, curetting or cauterizing the surface in a vain attempt to relieve the condition. But it seems it is just as common and just as much in vogue at present as before the discovery of the X-ray. Surgeons either will not believe or are ignorant of the help this great curative agent can render them in treating this form of disease. The result is that many of the cases are complicated by mixed infection, due to operative measures undertaken for their relief.

If medicne had as satisfactory an agent to treat other troubles as the X-ray has proved in lupus, it would be very fortunate indeed.

Lupus Erythematosum. This disease has given the profession trouble for many years. It is always doubtful what course a disease of this kind will pursue. It would seem that the X-ray should be indicated, but experience has shown that only a few cases will react satisfactorily with this form of treatment, many taking on a more violent form. It is impossible to give a patient any encouragement, as no one knows just what a given case will pursue. It seems to be the general concensus of opinion that the disease will react to the high frequency current and the Finsen light or some of its various modifications. Good results have followed the use of a blue glass screen over a powerful arc light. A few cases will resist every means at our command. Occasionally good results have been obtained by passing the ray through one thirty-second of an inch of aluminum before it is allowed to act upon the diseased area, as the metal acts as a transformer of the ray, sorting out all the alpha rays, which, being electrical in character, causes a succession of rapid condensed discharges. These oscillations have a nutritional effect that is very marked and frequently will turn the scales of an unfavorable case to one that will react favorably to the X-ray.

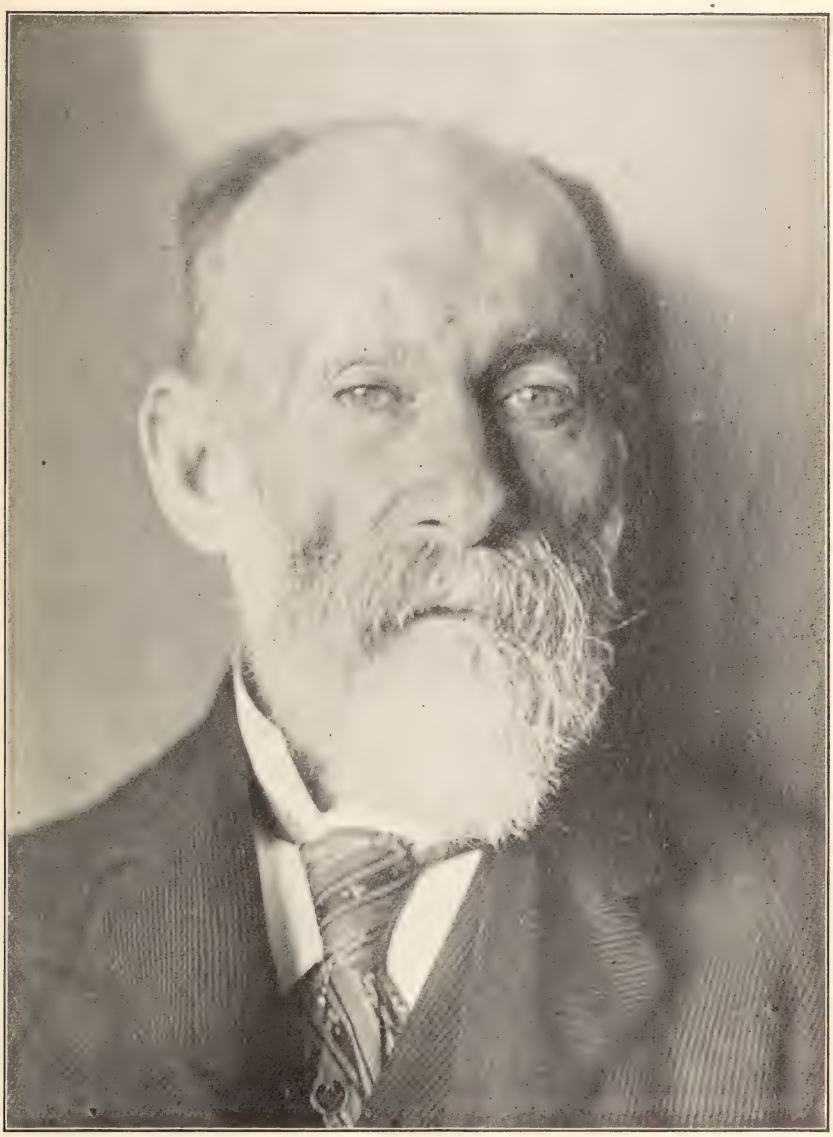
Farther experience with this disease is necessary, as it is believed by all operators that the trouble should yield to the X-ray treatment and it is the general opinion that the technic is at fault. The remarkable way some cases react to the ray shows that a favorable influence is exerted upon it but the puzzling part is the resistance offered by other cases of apparently the same character. Several obstinate cases of this disease yielded to the ray treatment only when supplemented with potassium iodide solution in 20 gr. doses, although this drug would not influence the course of the disease in the slightest without the ray. Painting the surface with eosin solution before raying,

Rodent ulcer, complicated with "Lues", required over one hundred treatments
Several recurrences, yielding to further treatment.

Epithelioma of ear, cured in twenty-five treatments. No return in three years.

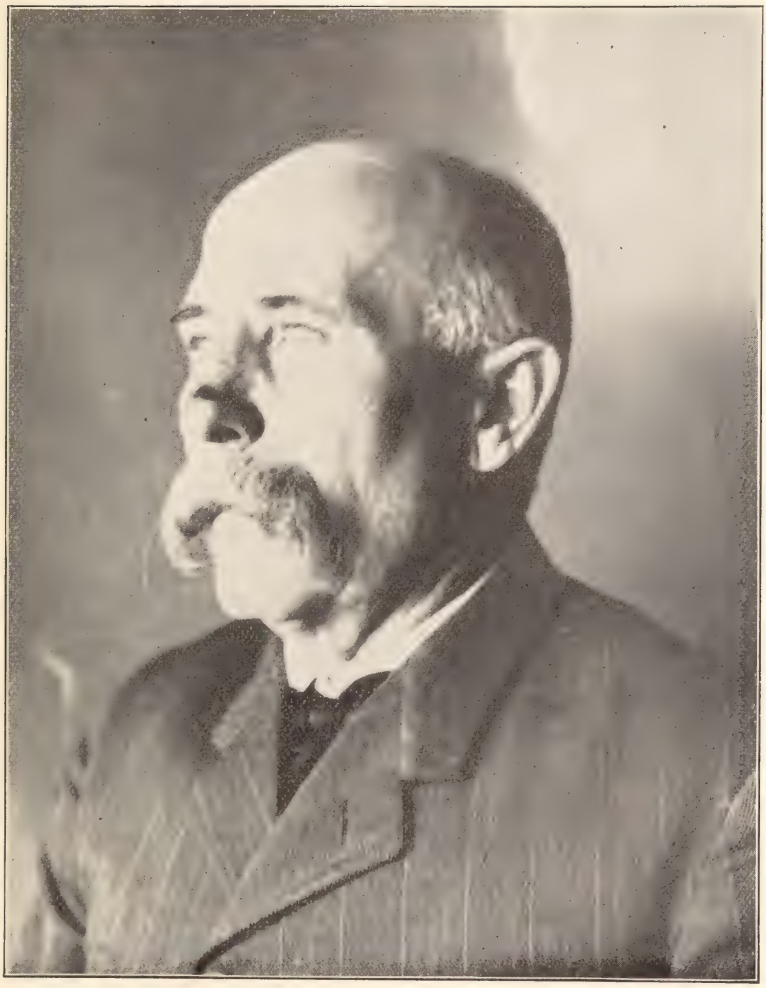
Epithelioma back of ear, cured in twenty-five treatments

Rodent Ulcer. Cured in twenty treatments; no return in four years.



Rodent Ulcer. Same case ten weeks later.

Lupus Vulgaris. Disease cured in sixty treatments; later died with pneumonia. No recurrence before death.



Lupus vulgaris, fifteen years standing, cured in ten treatments.

Lupus Erythematosus. Eighty treatments gave no results; ten treatments with sensitized iodide of potash sol., successful.

Chronic Eczema of hand, eight years standing, cured in ten treatments. No return in four years.

has seemed to act favorably in two cases, but all methods are so seemingly open to question that it cannot be said to be upon a scientific basis. It is probable that a scientific method will eventually develop from the accumulate experience of different men.

Tinea and Sycosis. The X-ray may be considered a specific in these troubles. Many cases will yield to the ray that have resisted other methods of treatment for many years, and as far as I have been able to observe, the results are permanent, as I have twelve cases that have been well for over three years, and as many others that have been free from trouble for a shorter period of time. It is rarely necessary to produce a dermatitis with this trouble and several cases have done well with four exposures, although it is generally necessary to go more carefully as a safety measure. I have had several cases of severe sycosis upon the face that produced a hideous appearance and had resisted treatment by several well known dermatologists for a number of years. Great difficulty was expected with the X-ray treatment, but to the surprise of both patient and operator, they offered as little difficulty as minor cases.

Keloids and Scar Tissue. A surprising effect is noticed from the use of the X-ray upon growth of this character. A retrograde metamorphosis is noted immediately and ordinarily a steady shrinking takes place, leaving a flexible, colorless scar tissue behind it. The pain disappeared shortly after the treatment had begun and the result seems to be permanent. Occasionally the retrogade process seems to be arrested before a complete disappearance of the keloid takes place and a slight elevation may remain. I have noticed this effect in two cases. It would be more desirable if more of these cases presented themselves for treatment in order to increase our experience and work out a definite technic. I had one distressing case of this character; a beautiful young woman who was thrown from a horse and her face came in contact with a barbed wire fence, cutting her cheek from the corner of her mouth to a place just below the ear. A good union was secured but the scar took on a keloid growth and reached a large size. It was removed three times but promptly recurred and at the time she presented herself for treatment, it had obtained a growth of one inch the whole length of the scar. Treatments were begun cautiously and in two weeks distinct improvement began which continued until a level of the true skin was obtained. When the treatment was suspended no recurrence took place in five years.

(To be Continued.)

PRACTICAL ELECTIVE SURGERY FOR THEGENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 234 June Recorder.)

APPENDICITIS.

We have considered briefly the operation for appendicitis in the absence of complications. It is apparent that such an operation is exceedingly simple and should be practically free from danger. The ease of the operation should not cause one to be careless in the diagnosis so as to lay the surgeon open to criticism for the removal of healthy organs, nor should the surgeon fear this condemnation in recommending appendectomy. We all remove, now and then, an appendix which is not diseased. We regret it when honest and conscientious, for every healthy appendix removed by mistake tends to damage our reputations as diagnosticians, and

to lighten the weight of our opinion. When a surgeon opens the abdomen over the base of the appendix for the express purpose of removing the appendix and draws from the abdomen an organ which appears to be normal, he would hardly care to chance not removing it. Very few patients would care to have it remain after it had been exposed even if it were healthy, the surgeon therefore justifies himself in removing it, but perfect honesty requires us to admit that in the very few cases where the perfectly healthy appendix is exposed, that the patient alone is considered. Very few surgeons have the moral courage to admit that they were entirely wrong in a diagnosis and that they recommended so serious an operation as an abdominal section on information which proved to be false. They feel that such an admittance would be too much of a blow to their reputation. The appendix while appearing normal externally may have suffered not a few pathological changes which are not characterized by changes in the external appearance of the appendix. The surgeon as I have said before injures the reputation of himself and retards appendiceal surgery when he operates and removes a healthy appendix, under the impression that the organ is diseased. The nurses and assistants if they alone see the operation may keep their tongues quiet but the doubt is raised in their minds. They go away feeling that the appendix is the cause of useless operations. This impression which will be made upon those about an operation should always lead the surgeon to most carefully weigh all the symptoms before he recommends the removal of the appendix. As a surgeon you can allow other men to remove the appendix when it is healthy.

The fewer organs which you remove by mistake the better it will be for the reputation you bear as a surgeon. Every colic in the belly is not due to the appendix, but a very large number are and it is for you to carefully decide as to the real condition present before instituting treatment. If you recommend appendectomy every time the belly is exposed before you, and your advice is taken, of course you will have very few cases of ruptured appendix and general peritonitis to deal with, yet if you are sufficiently careful in the examination of every patient with abdominal symptoms you will have a correspondingly small number and in not a few you will not recommend the removal of the appendix. When a consultant is called in and renders a fifty dollar opinion that the appendix should be removed in all haste, and the young woman is shopping in the city two days later, the reputation of the consultant has not been enhanced, yet I have seen such an outcome, though I am happy to state that it was not a case of my own. Every belly-ache is not due to appendicitis, and the men who have been recommending the removal of the appendix whenever they found a painful abdominal condition are learning that such a policy reacts to their disadvantage.

It is a commonly met assertion that appendiceal disease may exist over a considerable period, without symptoms referable to the disease being present. It rather should be stated, that appendiceal disease often is present and that symptoms present are not attributed to such disease. Surgeons are coming to appreciate the fact that many diseases of the abdominal viscera exist for long periods without recognition by physicians. Indigestion is so common among the people of this country that it is the exception rather than the rule to meet with individuals presenting perfectly normal conditions. Infants suffer from dyspepsia. Physicians recognize rickets, scurvy and marasmus but fail to recognize a digestive disorder which made it possible for such a disease to develop in a

FIGURE I

Fig. 1. Shows manner of ligating the vessels of the mesentery before cutting through this part.

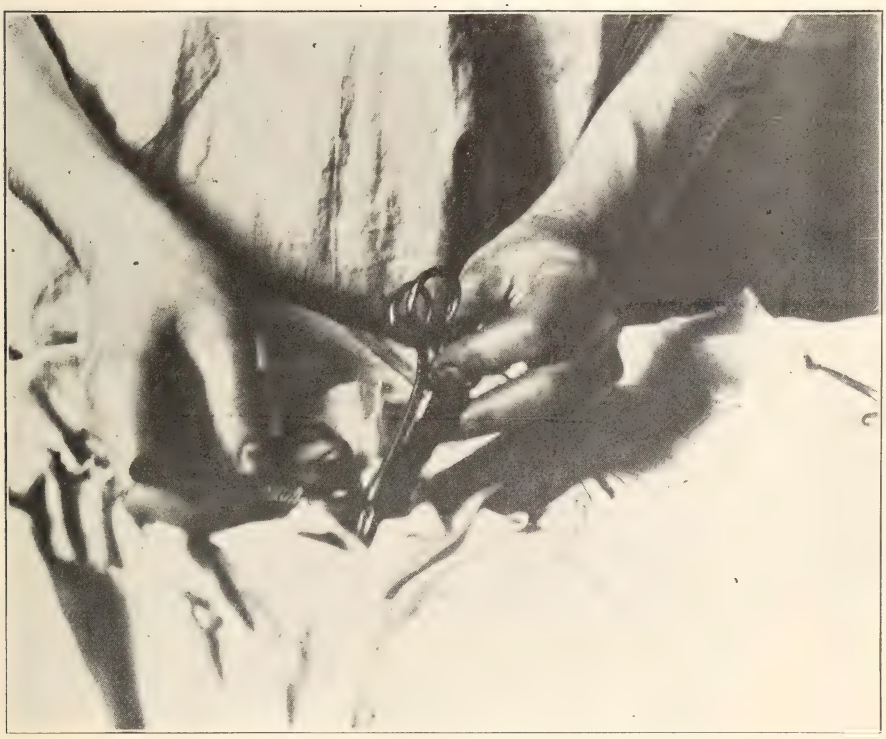


FIGURE II

Fig. 2. Shows manner of cutting away appendix after its base has been double-clamped. The mesentery is cut through before the clamps are applied.

FIGURE III

Fig. 3. Illustrates manner of placing purse string after the stump has been crushed and ligated. The suture when drawn taut and tied buries the stump. The security of the parts is further insured by a mattress suture over the purse string, by some operators.

child. Physicians sometimes recognize appendicitis, but almost invariably fail to recognize minor digestive disturbances which precede the development of an inflammatory affection of the appendix.

When inflammatory processes extend to the peritoneum of the appendix symptoms develop which call attention to this organ and the region in which it is situated. Pain as it usually develops in appendicitis is felt most distinctly at the navel. The tenderness, which should not be confused with the pain, is general. Pressure over the upper abdomen will cause considerable discomfort. The colic may not be felt more severely at the appendix than at other portions of the lower abdomen, while in a few intsances it is a difficult matter to differentiate between a pain due to a gall bladder infection and an appendiceal infection. In women an acute inflammation in the pelvis may be hard to differentiate from an appendiceal infection.

In a few cases in men an inflammation of the seminal vesicle may be differentiated from appendicitis only with difficulty.

About a year ago I saw a young man in consultation. He had a very painful condition of the lower abdomen particularly involving the right side. He was satisfied that he had appendicitis. His physician was quite as thoroughly convinced. He was nervous, to the point of hysteria. I examined the patient thoroughly and found that five or six weeks before the patient had had an acute inflammation of the epididymis. This inflammation had subsided and he had for some days been using an injection to control a urethral discharge which still persisted. He had noted the pain develop in the lower abdomen. He did not attribute his symptoms to the disease of the genital organs. As a matter of fact the seminal vesicle on the same side as the still swollen epididymis had become acutely inflamed, probably as the result of the early use of an irritating injection. Palpation through the rectum revealed an exquisitely sensitive seminal vesicle. Two days later the epididymis was again very sensitive though the patient continued to suffer a great deal of pain in his lower abdomen which he was firmly of the belief was not due to anything but the appendix.

Three years ago I operated on a man who had a high pelvi-rectal abscess. This patient had a sister who had had appendicitis. He used his best efforts during the course of his disease to convince me that the appendix was diseased and the cause of the trouble and the internes in the hospital felt quite certain that he was in the right though they had the courtesy not to express their doubts but to merely look and act in a way which could easily be interpreted. I refused to remove the patient's appendix but some months later he succeeded in securing its removal. The organ was free in the abdomen. No adhesions were present, convincing evidence that it had nothing to do with the abscess—yet the symptoms accompanying the abscess would have presented a problem for the best diagnostician.

(To be Continued.)

This article is supplementary to Dr. Miller's article on Appendicitis in the June Recorder. The article in the June Recorder gave the technic of the operation with nine full-page illustrations. The illustrations in this issue show some of the steps of the operation more clearly. The two articles together give a very clear understanding of the operation of appendectomy. In fact the illustrations alone make a good guide. The illustrations in this series of articles are a prominent feature, the intention being to make them of practical value. The illustrations are made especially for The Recorder.

MASTITIS

By J. A. Burnett, M. D., Pauline, Arkansas.

About five or six per cent of nursing women have mastitis. It more often occurs in primiparae and may or may not terminate in suppuration. It will not often terminate in suppuration if proper treatment is begun in proper time.

The cause of mastitis is usually due to blows, bruises and infection. Impaired general health is also said to cause it in some cases. Engorgement alone is claimed to not be a competent cause. Pathogenic germs can penetrate healthy mucous and serous surfaces and infection through blood channels is also possible.

Fever, pain, swelling and localized tenderness in the breast are the common symptoms of mastitis. The attack usually begins very suddenly and often with a chill. If the pus is not deep seated, fluctuation can be detected and the skin will be of a deep red or bluish discoloration at the place where the pus comes nearest the surface.

There are three forms of mastitis,—the glandular, subglandular and the subcutaneous.

The differential diagnosis of these varieties depends upon the source of the infection and the degree of systemic disturbance.

In the glandular form there is more pain and more constitutional disturbance than in the other varieties. In the subcutaneous form the gland is indurated and the lesion often multiple. In the subglandular form the fever will be high and the pain deep seated and the gland will not be indurated. Either two or all forms of mastitis can exist at the same time.

The child should be taught to nurse as soon as practicable in order to prevent milk engorgement. This is always superior to a breast pump. Often a breast pump is not satisfactory and occasionally bruises the breast and causes mastitis.

When no inflammation exists, massage if properly performed is of much value in relieving over distention of either the entire breast or of single lobules.

In hypersecretion the compression binder is of great value. It is of value both as a preventive and as treatment in mastitis. The bandage should be applied firmly, the pressure being evenly distributed and arranged so that it can be made tighter as the swelling disappears. There should be an opening in the center so as to prevent injurious pressure upon the nipple. The bandage should never be neglected especially in obstinate cases.

The application of belladonna or atropine is said to be of much value in threatened cases of mastitis but I would very much prefer compound tincture of myrrh which is made as follows:

℞

Alcohol	gal.	j.
Myrrh	lb.	j.
Capsicum	oz.	j.

M. Sig. Let stand 20 days then filter and it is ready for use. It should be applied to the breast as often as thought necessary. In cases of threatened abscesses where the disease is too far developed to be put back, the compound tincture of myrrh should not be used, but in its place poultices of white pond lily and flax seed should be used which will soon draw the abscess to a "head" when it can be lanced.

The use of camphor is to be avoided as it permanently reduces the size of the breast or is apt to do so.

Often in the beginning of threatened abscesses of the breast a few doses of calomel, enough to act as a laxative and diuretic, will be all that is needed. In my opinion calomel will come nearer aborting the disease at the beginning than any internal remedy.

Phytolacca is claimed by many to be a valuable remedy in mastitis. It is used both internally and externally. In my opinion this remedy has been over-estimated in this condition but no doubt it is of value in many forms. In this disease elimination by the bowels and kidneys as well as by the skin should not be lost sight of especially in malarial districts and when the woman is prone to be constipated.

During convalescence tonics are indicated and in cases where the constitution is below par after parturition tonics will often ward off an attack of mastitis. There is nothing better than Brodnax's acid iron tonic for this purpose. It is made as follows:

℞

Nitro- hydrochloric acid full strength.....ʒij.
Iron sulphate ... .ʒij.

M. Sig. Let stand twenty-four hours to digest. Dose 5 to 10 drops in a tumbler full of sweetened water every three or four hours.

A tonic, especially iron tonics, should never be taken until the bowels have first been made active by some cholagogue and saline purgative and for this purpose when Brodnax's acid iron tonic is to be used, there is nothing better than small and frequent repeated doses of calomel followed with sodium hyposulphite.

In most cases after the use of calomel, an acid tonic is very useful and often the patient will have a desire for an acid and in such cases Brodnax's acid iron tonic is my favorite. I consider Brodnax's acid iron tonic a remedy of great value and wonder why it is not used more often by physicians especially those who practice in the malarial regions.

J. A. Burnett, M. D.

Pauline, Arkansas.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

THE CHARLATAN OR MEDICAL PRETENDER

The principles of medical ethics as adopted by the American Medical Association, at the annual meeting held on May 7th, 1903, contains the following instruction: "It is the duty of physicians who are frequent witnesses of the great wrongs committed by charlatans and of the injury to health and even destruction to life caused by the use of their treatment, to enlighten the public on these subjects and to make known the injuries sustained by the unwary from the devices and pretentions of artful impostors."

THE QUACK ARMY IS GROWING LARGER.

Undoubtedly everyone will admit that the only way to dispel ignorance and kill quackery is by the lance of education piercing deep through the mantle of superstition which always surrounds them and thereby let in the clear light of knowledge. But who will take up the lance if not the regular practitioner? The master minds and the ablest ones of the profession have been teaching for years the importance of following in ways that are honorable and becoming to a noble class of public benefactors, and yet ignorance, superstition and quackery continue to spread.

Our modern civilization with its many deceptive and degenerating influences upon the medical profession is truly deplorable. And because of this unhappy condition the baser traits

of human nature, such as avarice, cunning and hypocrisy are permitted to grow and thrive at the expense of those who are unacquainted with better things.

ONE CAUSE OF QUACKERY.

And so it happens by reason of an over crowded profession and the increased pressure of social and political pulls, many physicians are left in the lurch who are not naturally inclined to follow in the lower walks of life, but the force of circumstances with its depressing strain causes many to resort to some of the customs pertaining to sham and even vice in order to successfully compete in the struggle for popular recognition and win a livelihood.

THE YOUNG DOCTOR'S DREAM.

At the beginning of his medical career, the well disposed physician starts out very much elated over the prospect of doing good and of becoming famous in his exalted mission. But he soon learns to his amazement that all his preconceived notions along this line are simply visionary.

THE RUDE AWAKENING.

He discovers that the most important study and practice of his more prosperous brethren is not scientific research, nor how to administer suitable remedies and take a friendly interest in the welfare of patients, but rather how "to do them" of their money, through the science of external show and display. By such means it is made to appear that they are far superior to the unassuming but honest and studious physician who will not resort to hypocritical methods in order to obtain general favor.

MEDICAL SNOBBERY.

In every city the polite medical snob is permitted to enter the best social circles where his dazzling pretentions are put in prominent array with the expectation of being abundantly rewarded. He captivates the morbid or curious fancies of the unsuspecting of the fair sex and thereby procures money for his purpose and unmerited attention and patronage.

PUBLIC READY TO BE GULLED.

The community at large, strange as it may appear, is always ready to bestow homage on those who make a show of success. This is in keeping with the saying that, "Nothing succeeds like success," regardless as to how it is brought about, whether borrowed or stolen, genuine or false. And it is very evident that guilded shams or frauds which convey the impression of prosperity are more potent in luring a fickle goddess than real substantial merit.

PUBLIC DEFENDS WRONGDOERS.

The conscientious practitioner of medicine recognizes with chagrin how the charlatan or quack entices his patrons and takes their money though he be as ignorant of the art of healing as a Hottentot. At the same time the shrewd fakir understands human nature sufficiently well to know that if a protest is entered against him, that it will be considered by the public as a spite action or jealousy. In this connection the statement of the late P. T. Barnum is called to mind: "That some people like to be humbugged, and that the bigger the humbug the more readily are they caught by it."

OH, THAT VICTIMS WOULD REASON.

To reason with the victims of medical deceivers is likely to end in failure, for when people are deluded, the fallacies which are entertained by them cannot be dispelled by common sense reasoning. Therefore whoever attempts to remove delusions by means of logic will completely fail in the attempt. However it may be some satisfaction to learn the extent of mental derangement manifested by a person possessed with a delusion. Such persons will ignore the well known home doctor, ex-

cept in time of urgent need, but will freely go out of the way to consult and accept the advice and attention of the strange doctor who cares only to receive their cash and if possible to make agents of them for the purpose of winning other dupes.

WHEN QUACKS ARE NOT WELCOME.

But when some accident or prostrating disease befalls the deluded person or one of his loved ones, then it is that the faithful family doctor must respond quickly and possibly get out of bed and plunge into the blackness of night, to be beaten by the angry elements, and robbed by long hours of labor in the endeavor to save some precious life. In return for his trying work and wear on his health, he must not think it strange if he does not get a cent for his services.

TRUTH ABOUT THE X-RAY.

The charlatan makes big pretentions and fraudulently secures pay for it. For instance, he will advertise that he is a graduate of several colleges and that he has studied in London and Paris, when in reality he may have scarcely more than a common school training. He is bold in taking advantage by falsifying and cheating, for example, he will advertise that he will give a free examination with the X-ray machine, implying that by this means he is able to see any diseased condition in any part of the body, when the truth is that nothing can be distinguished by it but the dark shadows of bones or some foreign substance such as a stone in the kidney or a lodged bullet. So it is that many persons unacquainted with the X-ray machine are deceived by the misrepresentation of a quack.

HOW THE QUACK ALWAYS WINS.

The lives of many women have been imperiled by the medical fakir, simply because they will allow themselves to be misguided; but the money which is acquired by the underhanded practitioner is sufficient reason for urging the unsuspecting victim to compliance. If death results, the unscrupulous quack will say that it was one of the exigencies of fate, but if recovery takes place, then a most startling and flattering account will be given him in the dailies. So that whatever the outcome may be, the deceiver is a sure winner, while his deluded patients, if they escape with their lives, are made wiser after being mutilated or injured and their money taken from them.

For as a rule, these advertising quacks are the slickest bunch of fakirs that infest the earth. And whenever a man or woman goes to one of them that is so smart that he has to announce the fact in the newspapers, they are going to get buncoed so hard that they will wish to be taken to Jerico in order to escape further trouble.

QUACKERY BY MAIL.

But what should be said of good people who patronize the quack who does business by correspondence? Surely it would seem as though a man must have a bad case of atrophy of the brain before he will allow himself or any member of his family to take a course of treatment from a self-dubbed professor or so-called doctor who resides in a distant city. However, it is fair to state, that the letters gotten up by the corresponding doctor, are models of politeness and persuasiveness. The first letter sent out is signed: "Yours truly." The second: "Yours cordially;" the third: "Yours sincerely," and if the correspondence continues to be agreeable, the cunning quack will end up his letters by sending kisses to the dear wife or baby.

THE BEWHISKERED QUACK IN PETTICOATS.

They are great for working the confidence racket and generally frame a scheme to get money from innocent women by playing the modesty gag.

This is done by one of the gang palming himself off as a Grandma Jones, and then advertises in the newspapers articles of confidential advice to suffering mothers and daughters, urging them, "to confide in one of their own sex instead of subjecting themselves to the horrible tortures and embarrassment of consulting a man physician." Think of this male hypocrite pretending to be a motherly woman physician.

It is true some of his advertisements read like the drippings from a mother's pen. But that a person with a reasonable share of common sense should be so influenced and deluded as to patronize a doctor that has to advertise his brilliancy and skill in the public press, is hard to reconcile. Why let these shiners commit such indecency and highway robbery? And yet there is a large class of people who will trust their lives in the hands of these deceivers. Then there is the so-called doctor who wears long hair, a quaker hat or Indian garb, that is also a winner, because he is considered to be in possession of far superior knowledge and skill to that of the regular educated physician who is becomingly dressed and clothed in his right mind.

Notwithstanding we live in an enlightened age with every advantage of modern civilization, still there are people who prefer to patronize some ignorant old pow-wow, gypsy woman, or hoo-doo doctor, than the up-to-date physician.

ONE OF THE TRICKS OF QUACKERY.

The medical pretender knows well how to play his game of deception and escape paying any forfeit. For example, he will advertise that he will cure any case of fits for one hundred dollars or forfeit one thousand dollars. The poor unfortunate takes it for granted that all is fair in the proposition, but possibly the patient may be obliged to make considerable sacrifice in order to pay the price, however in some way it is done and a signed agreement is received from the quack and the treatment is begun with the exalted hope of being forever relieved of a dreaded malady.

Nevertheless, his happy expectations are soon blighted, because the hard-hearted impostor takes advantage by prescribing a medicine that cannot be taken regularly because of its nauseating or irritating effect upon the stomach, and when the deceived person calls attention to the difficulty the quack will reply with grave dignity or assumed politeness that the patient nor his friends must not expect to hold him responsible for failing to cure when his medicine is not taken according to directions. This is but one of the tricks resorted to by the charlatan in order to rob poor afflicted people. They always manage to work their schemes so as to take advantage without laying themselves liable to the law. And strange as it may seem their victims although cheated and left in a worse condition than before will seldom expose the scoundrels, who have taken advantage of them, so that others might receive due warning and profit from their sad experience.

THE MAN AND HIS SECRET SIN.

How often do men, who have committed some secret sin, go to the advertising doctor and get fleeced? He will tell the anxious man that he has contracted a very dangerous disease and yet if he will advance so much money, which is generally all that can be coaxed out of him, the quack promises to perform a cure. This advance payment is the clincher, for then he becomes a slave to the unmerciful pretender; because thereafter the patient must continue to pay additional fees or else lose what he has already advanced and miss getting help beside.

FOREVER IN THE QUACK'S POWER.

Thus it is that men through fear of

exposure will commit themselves to the care of unscrupulous pretenders who are ever ready to take all their cash and in return cause their trouble to linger or be made worse.

THE MAKE-BELIEVE REFORMER.

Another very successful class of pretenders are those who write pamphlets containing misconstrued examples to show that the whole world is tottering on the brink of ruin and despair because of the widespread use of drugs. These make-believe reformers aim to excite dismay in the minds of unsuspecting people and thereby reap undeserved praise and money from their assumed benevolence.

THE PHILANTHROPIC QUACK.

The philanthropic quack is like a wolf in sheep's clothing. He will reiterate his opinions and emphasize the word "beware" in the newspapers, which when rightly interpreted means that all should go to him, especially those who have plenty of money, instead of to the scientific physician. Thus he seeks to overwhelm and influence the uninitiated with misstatements and by an outward show of religious pretention.

HOW THE DEVIL USES MINISTERS.

The same is true of the secret nostrum pretender who publishes a cure for alcohol or opium habit. He will exhibit a list of bona fide testimonials and endorsements of leading clergymen and citizens who are always found ready to sanction anything that has the appearance of good in it. These worthy endorsers overlook the harm they do by giving support to those who are actiug selfishly for the sake of greed, even if they possess a remedy of true merit. Such practice is wrong in principle and should be recondemned by law, for if a reliable remedy is discovered the discoverer will not be the loser by giving it to the world for the benefit of suffering humanity.

QUACKS AND NEWSPAPERS.

It is shown by Mr. Champe S. Andrews, the recent counsel for the Medical Society of the county of New York, that there is criminal alliance between quacks and some newspapers.

The chief means of advertising, by which quacks secure their victims is through the newspapers and something might be done, as Mr. Andrews announced has been done in Michigan, by making some forms of quack advertising a penal offense. The most dangerous quacks to deal with are those who are qualified to practice and therefore cannot be prosecuted for violating medical ethics nor can their victims be induced to appear in court against them, because they are ashamed to be known as patrons of such swindlers.

THE COMMONWEALTH'S DUTY.

So that as Dr. Henry Beates, Jr., of Philadelphia, has well said: "It is the right of every commonwealth to safeguard its citizens against the injurious consequences of incompetency, deception and fraud, and to require proof of qualification as a characteristic precedent to the offering of services as a physician. When this simple plain truth is recognized, adopted and enforced, the rights of the individual will alike be guaranteed by every state which exercises its duty to regulate and control the practice of medicine."

The struggle against quackery is a difficult task but, by the united effort of reputable newspapers and active medical societies, it can be successfully accomplished. For you may depend, that:

"Of the genus now of doctors
Are species not a few,
There may be arrant humbugs,
But some are learned and true."

J. C. BATESON, M. D.
Scranton, Pa.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THERAPEUTIC CONFUSION.

Nihilism in therapeutics, the outgrowth of the German devotion to pathology has produced but little good, indeed, much harm in medicine. Although not as universal today as twenty-five years ago, it still prevails to a large extent in the profession and leads physicians more and more to a consideration of other than medicinal methods and breeds in the laity the many fads of drugless treatment. But, candidly, are not we physicians too often floundering around helplessly in treatment of disease? Take as an example the experience with the recent epidemic of cerebro-spinal meningitis and diphtheria antitoxin, much lauded as a remedy and much written about by the journals. Now we find Dr. Wolff of the Hartford (Conn.) Board of Health, saying: "We doubt greatly the efficacy of this method of treatment believing it to be quite unscientific." Huber says: "The high expectations founded upon the laboratory experiments were unfortunately not realized. Even the intraspinal injections of antitoxin have not yielded better results." J. C. Wilson in his article on the treatment of cerebro-spinal meningitis (Journ. A. M. A., April 29) omits all reference to diphtheria antitoxin. The experience was summed up in a brief editorial in the Journ. A. M. A. condemning this use of the antitoxin. Another therapeutic ignis fatuus gone out!

Some men praise potassium iodide, others the free use of antipyrine in spite of the professions' sad experience with the coal tar preparations. Lumbar puncture holds out a glimmer of hope. It certainly does much temporary good and many report favorable results from it. But after all, it is the hygienic measures which deserve most credit. Aufrecht recommends highly the hot bath and the New York cerebro-spinal meningitis commission lauds the free admission of sunlight into the room and plenty of fresh air.

ETHICS.

The following extract from an editorial in the St. Louis Medical Review (June 17, 1905) a journal of the best of tendencies and of high standing, must strike a responsive chord in the minds of very many of our readers: "The solution of certain problems vex the minds of many of us. Take, for instance, the prohibition of advertising, coupled as it is, with a nice distinction (for the logic of which we are unable to see any sound basis) between ordinary, unconcealed advertising and "professional" methods of attracting attention. It is "unprofessional" to distribute circulars, to advertise in the newspapers, even, we are told by some to allow one's name appear in bold faced type in the medical directory. But what is the inner purpose of the publication of many books; of the writing of a large proportion of the papers that are read at various societies or find their way into medical journals, and particularly of their broadcast dissemination; of the display of instruments and office paraphernalia, and the hundred and one other measures that are openly spoken of by men of undoubtedly ethical proclivities, as "the only legitimate mode of advertising open to a physician?" We may be very dense, but if we are to have advertising at all, it seems to us that the more open is the most honorable way. Let the thing show for what it is, not to be concealed under the outward ap-

pearance of something else. Bold words these are, but who can deny their truthfulness? What stories we all can tell of the concealed and indirect methods of advertising constantly resorted to by men high in the councils and the esteem of the profession. But the little fellow, when he advertises, incurs the penalty of professional ostracism. Sauce for the goose is not always sauce for the gander, indeed, and the many are learning it.

PRECAUTION IN THE USE OF HYDROGEN PEROXIDE.

It is well understood at the present time that hydrogen peroxide should not be used in a cavity without free drainage. A recent personal experience of the writer has again emphasized that rule to him. While traveling he contracted an annoying trouble in his ears which he judged to be due to an accumulation of wax or other similar obstruction of the meatus. Finally he went to a well known specialist in one of our large cities, who injected some undiluted peroxide into one ear. For more than a week there persisted an exceedingly annoying condition, a constant sensation of fullness in the ear with buzzing and frequent crackling, exactly like a subcutaneous emphysema felt under the fingertips. As the tympanum is intact, so that the fluid could not enter directly into the inner ear, a reasonable explanation of the condition is lacking.

The occurrence recalls an observation of many years ago, when peroxide of hydrogen was a new thing. A patient came under treatment with long and tortuous sinuses leading to a necrosed trochanter major. Hydrogen peroxide was injected, when the tension became so great and painful that counter-openings had to be made to allow its escape and drainage.

The warning may not be necessary for the physician of experience, but may save some annoyance to a younger man.

THE BEAM IN YOUR OWN EYE.

It is not quite a dignified thing to do, of course, to twit another on a lapsus linguae, but the temptation is irresistible, when one reads the following passage in a medical journal which prides itself particularly on the purity and correctness of its diction: "Speaking on the subject the other day with a newspaper man, he said that ——." It is found on page 435 in an editorial of the June number of the St. Paul Medical Journal which never misses an opportunity of criticising lapses in style or language in other medical writers. It is not simply bad English, it is bad syntax and would be such in any civilized language.

INFANT FEEDING.

The Illinois State Board of Health has just issued a twenty-three page pamphlet on "Infant Feeding," which with the co-operation of physicians it is placing in the hands of mothers. We quote from it:

"The Illinois State Board of Health, as created by law, is charged with the general supervision of the interests of the health and life of the people. In view of the great mortality among infants, especially during the summer months, attributable to a large extent to improper feeding and to impure foods, it becomes the duty of the Board to warn the people against those features of infant feeding of the greatest danger to the child and to instruct and advise as to those methods which will reduce the infant mortality to the minimum."

A NEW VERB.

To "Oslerize" is a new verb recently found in a medical publication. Explanation was not deemed necessary. Do you understand it?

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

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Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 JULY, 1905 No. 7

LITTLE STORIES FROM LIFE

V.

As a result of a severe accident a business man was for many weeks confined to the hospital. For days he lay unconscious and his life was despaired of but skillful treatment and careful nursing brought him from the shadow of death to the light of life. He was a typical American business man, a product of our energetic age. He was entirely engrossed with making money, so busy that he hardly had time to know his family, much less to observe any of the beauties of the world around him. He cared nothing for nature, reformation or society, his only thought was the acquirement of dollars. As a business man he was a success but he had missed all the pleasures of this life. He cared nothing for the misfortunes of others and cared not how he got his dollars provided they were obtained by means within the law. Relatives and business associates kept his room abundantly supplied with flowers, choice products of the florist's art, but these interested him only as they were tokens of esteem. He appreciated the spirit in which they were given in a measure. One gift however made a profound impression upon him. A business colleague, one from whom he expected nothing and one of whom he would not have hesitated to take a financial advantage, sent him a potted plant. This expression of friendliness showed him that there could be a kindly feeling between business rivals. He watched the growth of the plant from day to day and appreciated the wonders of nature as never before. He learned that a small hard bulb, as lifeless in appearance as a stone, had been planted in the soil. Roots formed and green leaves appeared and finally as the invalid watched beautiful azure flowers unfolded. He realized the wonderful process by which nature appropriates the desired elements from the soil and produces the beautiful green of the foliage and the inimitable colors of the flowers. Watching the growth of this plant changed this man from a hard-hearted, selfish man to a kind, broad, genuine man.

A LITTLE OF EVERYTHING

Wisconsin now has a law prohibiting the giving of tips.

The fellow who is always looking for trouble usually finds it.

Have your patients look for the silver lining of the cloud. They will get well quicker.

Insect pests in the United States each year injure farm, orchard and forest products to the value of $7,000,000,000. Fighting these pests costs $100,000,000 more. It pays to protect the insect-eating birds.

The pamphlet on "Infant Feeding," which Dr. J. A. Egan, secretary of the Illinois State Board of Health, with characteristic energy is distributing in Illinois, contains some valuable suggestions to dairymen and milk dealers, as well as to mothers.

According to late government reports the cost of food is 26.2 per cent higher than it was five years ago; clothing has increased 10 per cent and fuel 33 per cent. Has the doctor's income increased anywhere near in proportion?

Typhoid is frequently caused by eating vegetables, such as lettuce, water cress and cabbage. Vegetables are frequently washed in impure water, thus spreading infection. In looking for the cause of typhoid it is well to remember this.

We shall publish an illustrated article on "Traumatic Cataract," in the August Recorder, by Dr. A. J. Mummert, of Ottumwa, Iowa. This article describes a new method of treatment, which we believe has never been published before.

A writer in Suburban Life tells how he cleared last year, over all expenses, $4,644.35 raising vegetables on a ten-acre farm for the Boston market. This is more than about 100,000 doctors in the United States collected last year. Young men choosing an occupation would do well to investigate this.

The Wisconsin legislature passed a bill appropriating $90,000 for a sanatarium for the treatment of tuberculosis. Wisconsin has some splendid locations for such a sanatarium. The vigor of the crusade against this disease, in all parts of the country, indicates that its terrible inroads will soon be lessened.

The poor man envies the rich man with his millions but the rich man longs for the health and appetite of the poor man. The millionaire, with his palaces, usually expects some time to return to the simple life, but he seldom reaches the point where he has acquired enough wealth and so does not do it.

The opticians introduced a bill in the Wisconsin legislature requiring all opticians to have a license issued by a board of opticians. In the senate it was proposed to pass the bill but to have the State Board of Medical Examiners issue the licenses. This did not meet with the approval of the opticians so the bill was killed.

One of the best things ever written on Christian Science is an article on the subject in The World Today by James R. Angell, professor of psychology at the University of Chicago. It is an impartial, unbiased article written from a psychologist's point of view. The World Today is a splendid magazine devoted to the world's progress.

Scientific agriculture promises to do great things for this country. Marvelous success has been attained in the government's experiments with inoculating the soil with nitrogen producing bacteria. If these bacteria can be supplied in sufficient amount, many of the arid regions of the west can be made productive and the abandoned farms of the east again fertile.

The State Medical Society of Wisconsin at its recent meeting passed a resolution stating that eligibility to membership does not require physicians to relinquish membership in other sectarian societies. This makes all reputable homeopathic and eclectic practitioners eligible to membership in the state society. This is right but it would have been rank heresy to have suggested such a thing a few years ago in a society of regulars. This is what the Re-

corder has always advocated but when the magazine was new it was criticized for this position.

The "Medical Bill" passed by the Wisconsin legislature empowers the State Board of Medical Examiners to refuse to grant licenses or certificates of registration to persons guilty of immoral, dishonorable or unprofessional conduct, and empowers the courts to revoke and annul any license or certificate issued to any person guilty of immoral, dishonorable or unprofessionable conduct. The words "immoral, dishonorable or unprofessional conduct" as used in this act are declared to mean: First Procuring, aiding or abetting a criminal abortion. Second—Advertising, either in his own name or in the name of another person, firm, association or corporation, in any newspaper, pamphlet or other written or printed paper or document in an obscene manner or in a manner derogatory to good morals, the curing of venereal diseases, the restoration of "lost manhood," or the advertising of any medicine or any means whereby the monthly periods of women can be regulated or the menses re-established, if suppressed, or being employed by or in the service of any person, firm, association or corporation so advertising. Third—The obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured. Fourth—Willfully betraying a professional secret. Fifth—Indulging in the drug habit. Sixth—Conviction of any offense involving moral turpitude. Complaint may be made by any individual and action will be brought by the district attorney in the circuit court. The bill as introduced in the legislature gave the power to revoke licenses to the State Board of Medical Examiners but was amended requiring that all cases have a hearing in the circuit court before licenses can be annulled. The newspapers of the state strongly opposed the bill.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS. A Practical Treatise on the Diseases of Women and their Treatment by Electricity. By G. Betton Massey, M. D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and Ex-President of the American Electro-Therapeutic Association; Member of the Societe Francaise d'Electro-Therapie, American Medical Association, etc. Fourth Edition, Revised, Rewritten and Greatly Enlarged. Illustrated with Twelve Original, Full-Page Chromo-lithographic Plates; Twelve Full-Page Half-tone Plates of Photographs taken from Nature, and 157 Half-tone and Photo-Engravings in the Text. Pages XVI-468. Royal Octavo. Extra Cloth, Beveled Edges. Price, $4.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The new developments in electro-therapeutics during the last few years have necessitated the rewriting of this work in order to bring it up to date in all respects. This book has been a popular one with the profession, successive editions being entirely sold. Its very clear and practical character make it an invaluable aid to the general practitioner.

The book opens with a discussion of the nature and predisposing causes of the more common affections of woman and presents the methods of examination of patients with reference to the propriety of employing conservative methods of treatment. The author explains

at length the methods of applying electricity in the treatment of diseases of women. He then takes up the discussion of the various diseases and presents his methods of treatment. Of especial value and interest is the description of the treatment of cancer by cataphoresis. Dr. Massey has done much original and successful work by this method and he speaks with the conviction which comes from large experience. He devotes considerable space to the Apostoli method of treating fibroid tumors of the uterus and reports satisfactory results. He gives a list of 110 cases treated with 75 successes, 26 failures and 9 unknown results.

In addition to giving thoroughly the treatment of diseases of women by electricity, the work treats briefly on the use of electricity in diseases of the urethra, bladder and rectum and on the cosmetic applications of electricity.

One section of the book is a treatise on medical electricity, giving in condensed form the principles of the subject so that a clear understanding may be obtained. Dr. Herman Geod, of New York City, contributes a chapter on "Roentgen Rays in Diagnosis and Therapeutics."

The book is practical and interesting from beginning to end and one which every practitioner will find frequent use for. The many plates and illustrations are excellent and add greatly to the work.

MERCK'S 1905 MANUAL OF THE MATERIA MEDICA. A Ready Reference Pocket Book for the Physician and Surgeon. Pages, 282. Cloth. Merck and Co., New York.

This is a little work on materia medica which Merck and Co. have issued at intervals of a few years as a help to the physician. The book presents much information in a condensed form. The first part is a materia medica giving a summary of the drugs in current use and mnay new ones. The second part gives the therapeutic indications for the use of the materia medica, arranged alphabetically under the titles of the various pathologic conditions. Part three is a classification of medicaments according to their physiological actions, arranged alphabetically under the titles of the actions. The fourth section contains a variety of useful things such as: Poisoning and its treatment, a comprehensive chapter on urinalysis, dose table, obstetric calendar, a description of the metric system, with tables of equivalents, etc.

MATERNITAS. A Book Concerning the Care of the Prospective Mother and her Child. By Charles E. Paddock, M. D., Professor Obstetrics, Chicago Post-graduate Medical School; Assistant Professor of Obstetrics, Rush Medical College. Pages, 189. Illustrated. Cloth; Price, $1.25. C. J. Head & Co., 40 Dearborn St., Chicago.

This book has been written to aid the prospective mother during her pregnancy and to guide her in the care of the baby, after it has come and the trained nurse has been dismissed.

The work is divided into two sections, one devoted to the care of the mother and the other to the care of the baby. Especially valuable is the advice given on feeding the baby. A chapter on the minor diseases of infancy and on injuries contains information which every mother should know. An appendix contains some good recipes for foods and some necessary medicinal preparations.

The language of the book is very clear so that any mother can readily comprehend it. The book is not intended to supplant the physician but to aid him and to impress on the mother the necessity of calling the physi-

cian when needed. There is a demand for such a book and physicians can recommend this book to patients with pleasure. There are many books on this subject advertised which should never be sold and physicians will do well to see that their patients read this work.

BOOK NOTES

The novelette in Lippincott's for July is a strikingly lively summer story called "An Orchard Princess." Its author, Ralph Henry Barbour, is well remembered through his "Kitty of the Roses," and other good work. Seumas MacManus contributes a keenly humorous Irish folk-tale called "The Wonderful Story of Terry McGowan;" while other contributions of fiction are, a bright summer story of Buzzard's Bay, by Elizabeth Duer, "The Dragon's Discipline," by Arthur Stanley Riggs, a delicious bit of realism in the family circle by Elizabeth Robins Pennell, a pathetic incident of boarding-house life in New York by Juliet Wilbor Tompkins, and a sweet and clever love-story written by Ina Brevoort Roberts, the author of "The Lifting of a Finger." There are many practical and valuable hints for amateur gardeners in Eben E. Rexford's paper on "The Garden in Summer." These suggestions are printed at a period in mid-summer when the average gardener thinks there is not much to be done.

Henry Wallace Phillips' first novel, "Plain Mary Smith," a romance of Red Saunders, the second instalment of which appears in Leslie's Monthly for July, has proved a huge success from the very start. The charm of its rare humor, and intense Americanism has already made a host of friends; it is a story to be read aloud. Among the special articles of this number Miss Agnes C. Laut tells the story of Gray, the discoverer of the Columbia River; Arthur Goodrich discusses "Law and its Opportunities," Charles F. Brownell writes of the "Wild Animal Market," and Dr. A. C. Seely and Leroy Scott have a capital article on the "Miracles of Surgery." Miss Call contributes her paper on "Every Day Living." The month's short stories are by Harvey J. O. Higgins, Cy Warman, James Weber Linn, Dorothy Canfield, Lawrence Perry and others. Marginalia includes some excellent military verse by Alfred Damon Runyon.

For $2.20 we send Leslie's, The Cosmopolitan and The Recorder, one year and 1,000 premium labels.

In the July Everybody's Magazine Thos. Lawson continues his exposure of "Amalgamated Copper" in unusually vigorous style and Chas. E. Russell continues his series on the Beef Trust. Seven remarkable short stories by able writers raise the fiction average of this number of Everybody's far above that of any previous issue. Lloyd Osbourne's powerfully sympathetic character-study, "Schmidt," is a work of rare quality. Of equal interest is "In the Down Country," the first of a series which G. B. Lancaster, the brilliant writer of New Zealand stories, is to contribute to the magazine. An absolutely new but unwavering popular note is struck in Jacques Futrelle's novel and humorous race-track story, "The Gray Ghost.". Oscar King Davis, in "On the Northeast Wind," has an excellent story of a war correspondent in Japan. Miss Bensley tells of her final "Experience" as a "Nursery Governess," and Hartley Davis, in "The Players," reviews the past season on the New York stage.

McClure's Magazine for July is a strong magazine. It contains the first part of Miss Ida Tarbell's personal study of John D. Rockefeller, illustrated with portraits and photographs. This character study gives the complete

life of Rockefeller, exposing much never before known. Lincoln Steffens contributes, "Ohio: A Tale of Two Cities," illustrated with portraits. "The President's Family," is a set of eight full-page portraits in tint of the president's family. "The College Athlete," by Henry B. Needham, is the second part of this interesting contribution. There is a great variety of fiction and pictures in the number. Every physician will appreciate the story of the struggles of a young physician in "The City Physicianship," by Lilian True Bryant.

MODERN THERAPEUTICS

ENTERO-COLITIS

By J. C. De Varona, M. D., New York City.

J. M. De Varona, when only eight months of age, began to lose flesh and to suffer from profuse and frequent diarrohea which soon acquired a very fetid odor. The usual remedies employed in such cases failed to afford any relief, the stomach rejected the mother's milk as soon as the babe nursed. As the mother was in very delicate health the baby's condition was attributed to a pathological alteration of the milk, and an examination revealed the fact that mammary secretion was utterly unfit to provide the babe with the required nourishment. On this account the babe was weaned, and cow's milk and various kinds of baby food were tried but still the infant grew worse day after day and evident manifestations of entero-colitis soon made their appearance. The stools became greenish in color and vomiting was incessant.

Within a week from the first attack of diarrhoea the babe had reached such a state of emaciation and debility that who saw him were of the opinion that it was useless to try to save him.

I ordered all milk foods to be discontinued at once and prescribed as the only nourishment teaspoonful doses of liquid beef peptonoids containing five drops of glyco-thymoline to the teaspoonful. In addition to the above I ordered enemas of luke warm water and salt with two teaspoonsful of glyco-thymoline to the pint of liquid, the enemas to be administered after each evacuation. Under this treatment the babe began to improve at once and within twelve hours vomiting had ceased; the stools had become less frequent; their offensive odor had disappeared and their color had become nearly normal. During the second day of the treatment the infant had only two or three bowel movements, normal in consistency and color. The treatment was continued for ten days, at the end of which time I declared him cured. From that time on he was fed on cow's milk and gained rapidly in weight and general appearance until he was twenty-two months old, when his father one day gave him a banana, within two hours of eating which profuse vomiting and diarrhoea set in and whatever milk was retained by the stomach passed undigested by the bowels. I again directed that the little patient should be given nothing but beef peptonoids as food, this time in tablespoonful doses every hour, each tablespoonful containing seven drops of glyco-thymoline and the enemas of water and salt containing two teaspoonsful of glyco-thymoline to the pint of liquid should be administered after each passage. In twenty-four hours all untoward symptoms had vanished and at present the babe, who is now two years and one month old, is a robust, healthy and strong as any babe of his age.

One-fifth of all deaths among infants occur during the month of July.

BRIEF CLINICAL REPORTS ON IMPOVERISHED BLOOD

By J. Griggs, M. D., Farmington, Conn.

Probably the most frequent and important conditions which the average physician is called upon to treat, are of the impoverished blood supply. Blood impoverishment is a condition rather than a disease and may be met with in all walks of life and at any age. It is symptomatic of many diseases, and cases are observed where it seems to be the chief clinical symptom; where no well defined organic disease can be observed but where many indefinite complaints due to blood impoverishment are plainly in evidence. Whatever concomitant conditions exist with anemia and regardless of whatever special treatment may be demanded by plainly existing established organic trouble, it is, nevertheless, a fact, that the most complete and rapid cures are by restoring to the blood its normal elements. Consequently, the physician is justified in treating all cases of anemia with regard to the anemia itself, but, at the same time, not overlooking the care of other pathological conditions which may exist.

A large hospital experience has given me ample opportunity to study these blood conditions and compare the action of the many therapeutic agents employed in the treatment of blood impoverishment. My efforts have been constantly directed toward finding the remedy which will give the most complete and rapid results in restoring the red blood corpuscles, thereby affording the surest and quickest relief from the weakness and general debility which always accompanies blood impoverishment.

In the beginning of my experiments I noted that those therapeutic elements containing a food product and a stimulating vehicle have shown the most satisfactory and prompt results while those purely of a drug basis seemed to have a limited usefulness. The conclusion reached by my experiments extending over several years, leads me to unhesitatingly endorse bovinine as being the best tonic, stimulant and food.

HAMAMELIS

In an address delivered April 26, '05, before the Danbury Medical Society on "The Practical Value of Old Remedies," John V. Shoemaker, M. D., LL. D., of the Medico-Chirurgical College, Philadelphia, Pa., spoke of witch-hazel, or hamamelis, in the following terms:

"Witch-hazel, or hamamelis virginiana, an excellent old-time remedy, has a well-defined range of usefulness within which it is without a rival. Externally and internally it is sedative and astringent. It is used as lotion and ointment in many diseases and injuries of the skin, in leg-ulcer and varicose veins. It is serviceable in acute and chronic diarrhoea, internal hemorrhages, bronchorrhea, epistaxis, varicose veins and varicocele.

"The distilled extract of hamamelis is a valuable application to sprains and bruises. Hamamelis is very useful in checking epistaxis, bleeding sockets after the extraction of teeth, bleeding hemorrhoids and many other forms of hemorrhage. An ointment containing witch-hazel is of service in burns, eczema, erysipelas, sunburn, seborrhea, acne, etc. A diluted fluid extract of hamamelis makes an effective lotion in hyperidrosis. A witch-hazel lotion or ointment is an excellent application in fissure of the anus. When given internally this remedy exerts the same astringent and sedative action and is highly valued in the treatment of acute and chronic diarrhoea, dysentery, hemorrhage from internal organs, purpura hemorrhagica, varicose veins and ulcers and varicocele."

In his standard work on "Therapeutics," Hare also states that it is "a plant of extraordinary remedial power," and adds the following highly significant declaration:

"The one official preparation of the U. S. P. is the fluid extract (Extractum Hamamelis Fluidum, U. S.; Liquidum, B. P.), dose 5 to 20 drops (0.35-1.30). The dose of the distilled extract, which is not official and is a perfectly clear liquid, is from 30 drops to 1 drachm (2.0-4.0), and thus is much the best preparation for internal and external use. Unfortunately, the preparations of the drug vary very much in both odor and efficacy. Some of the proprietary preparations of witch-hazel are more active than those ordinarily dispensed in the drug store. This is due to greater degree in their preparation and to the fact that they are sold in original packages without exposure to the air."

The truth of Hare's contention that the common commercial witch-hazels of the retail drug store vary as to both odor and efficacy, and, for the reasons given, are less active than the proprietary article, as well as the peril of the common commercial and unidentified witch-hazels of the market, has been emphasized in startling fashion by such well-known and creditable medical investigators and expert witnesses as Buller and Wood, whose voluminous report to the American Medical Association on the adulteration of witch-hazel and other medicinal extracts, etc., by wood alcohol and formaldehyde, has attracted the attention of the medical profession and press throughout the country and still continues to excite the interest and evoke the comment of both.

As an example of the extent to which this adulteration has been carried by unscrupulous manufacturers of the common commercial and unidentified varieties of the product, it may be stated that of seventy (70) samples recently purchased from as many wholesale and retail dealers in the commercial article in six of the largest cities of the United States, scrupulous investigation of the most reputable analytical chemists of the country showed that fifty-two (52) of the samples in question contained wood alcohol (poison) or formaldehyde (poison), or both.

In discussing this question, the "Bulletin of Pharmacy" expresses the opinion that "the practice of substituting wood alcohol for grain alcohol in the manufacture of medicinal preparations is a most insidious and pernicious means of poisoning, and the sales of remedies and toilet preparations manufactured or adulterated with wood alcohol should be restricted by law."

Until, however, such laws be enacted by all states, it should be obvious, in face of the pernicious conditions described, that the perils of the poisons specified—as is suggested by Hare—may be avoided in cases in which hamamelis is indicated only by prescribing exclusively a standardized proprietary product of guaranteed and invariable purity, quality and strength such as Pond's extract of hamamelis, which embodies and possesses all the qualities and advantages indicated by Hare as accruing from the greater care exercised in its preparation and the fact that it is old only in original packages, without exposure to the air.

Pond's Extract of Hamamelis Virginiana (as the plant is botanically described by Hare and Shoemaker, or Virginica, according to Coston) has been relieving pain and performing other beneficient functions in the conditions indicated by Shoemaker for the past sixty years. While it has been imitated and substituted in every conceivable form during this extended period, it stands out today all the more efficient and esteemed by such compari-

son, and, in addition to its superlative medicinal properties and action, is a positive guarantee to physician and patient alike against any and all of the poison perils of the common commercial witch-hazels so vividly portrayed by Buller, Wood, Darlington, Lloyd, Hare, Gamble, London Lancet, Journal of the American Medical Association, Medical News, Medical Record, Therapeutic Gazette, Boston Medical and Surgical Journal, Druggists' Circular, Bulletin of Pharmacy, Western Druggist, and numerous other medical writers and professional publications of equal standing and authority.

WORDS OF APPRECIATION

The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friends, The Antikamnia Chemical Company, and reads:

"Gentlemen—Illness, dating from the very day of my former letter, must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindess in sending me your little 'Vest-Pocket Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of The Woolley Sanatorium, an institution conducted exclusively for the cure of opium and other drug addictions, and am using antikamnia tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A succedaneum for morphia.'

"Our institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me, and use them as you wish."

MARION T. DAVIS, M. D.,
(Univ. of Maryland School of Med.)
Atlanta, Ga., April 15, 1905.

"ELIXIR OF LIFE."—The Benedictine monks displayed rare tact and religious fervor in preserving the secrets of medicine during the dark ages, while Paracelsus and the alchemists of old were searching relentlessly for alcahest, the panacea, the philosopher's stone and the "elixir of life." It remained, however, for latter day investigators to discover the real elixir of life. Recent text-books call attention to the most important of modern physiologic discoveries—cell life and lecithin, the phosphorized extract of animal and egg-cell activity. Phospho-Albumen (syrup di-oley-lecithin) contains lecithin in such proportions as to commend it to the thoughtful practitioner, who will readily recognize its great usefulness in rachitis, neurasthenia, lymphatism in the cachexias, anemias and all conditions arising from fatty metabolism and malacia. Physicians who are not familiar with this product, which is the pioneer of the animal extracts, will be cheerfully furnished with samples sufficient for a careful trial. Address the Phospho-Albumen Company, Station M. Chicago, Ill.

"What is genuine shall posterity inherit."—Goethe.

Notwithstanding that a host of imitators have sprung up to reap the benefit of the reputation created by Hayden's viburnum compound as a remedy par-excellent in the treatment of diseases of women, this valuable product has steadily increased in popularity and has met with every requirement of the most exacting clinician. In obstetrical practice H. V. C. has a wide range of usefulness. On the nervous system it has a sedative effect. In delayed labor, owing to a rigid os it is particularly efficient and preferable to chloral as it is not a narcotic, and in post-partum work it enjoys all of the advantages of ergot without the dangerous actions of the latter drug.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. VIII AUGUST, 1905 No. 8

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 274 July Recorder)

SKIN DISEASES.

MYCOSIS.

This rare but disgusting form of cutaneous trouble has always been a difficult proposition to the dermatologist as a great number of cases have persisted for many years. I have been fortunate in attracting eleven cases of this trouble, eight of which were promptly cured, three cases not requiring more than a few treatments and becoming dissatisfied or discouraged, stopped coming. A number of these had large suppurating tumors of the papillomatous order, extremely painful and creating considerable systemic disturbance, owing to the absorption of toxine. Five of these recovered promptly under the X-ray treatment alone. Three of them it was necessary to give a sensitized iodide of potash solution in full doses, the sensitizer used being uranine in half grain doses. This is an analine derivative.. These large suppurating masses disappeared rapidly after the solution was used, although little or no effect is produced upon the growth without the ray treatment. Many times it is difficult to treat these cases owing to the diseases being located in an inaccessible part of the body, and consequently the treatment must cover a long period of time in order to prevent too much injury to the white blood corpuscles from an excessive amount of ray. It is not practical to treat more than fifteen minutes daily for any length of time, or an anemia will be produced that is exceedingly difficult to overcome, and it is probably the explanation why the ray sometimes has a bad effect upon the disease rather than a good influence, the vital processes being arrested, perverted or destroyed by too much ray. More investigation is needed upon these lines by some physician who has time and inclination to use the microscope for original research.

MYCOSIS FUNGOIDES.

This affliction deserves a classification by itself, as it has a clinical history at variance with the ordinary mycotic infection. This disease is accompanied by an acute eczema, excessive itching, and more or less maceration of the

superficial skin, with large moist tumors, which are extremely painful.

One interesting case gave on culture, Klebs - Loeffler bacilli, staphylococci aureus and no fungi. Still it had the appearance, and clinical history of a typical case of fungoides. It had been so diagnosed by two eminent dermatologists, who practically advised the patient that it was incurable. She had had the disease for four years and several times the tumors had been removed by surgeons, but with a prompt recurrence.

Her condition was deplorable when she first called. Over ninety tumors upon the body varied from a hazelnut to a tumor the size of an adult's fist. Four months previously some dermatologist gave a strong chrysarobin ointment which destroyed the tops of the tumor and started all of them suppurating, and when she presented herself she was so weak she could not walk without assistance. She was given an injection of diphtheria antitoxine and streptolytic serum and put upon the X-ray treatment, and in eight weeks all the tumors disappeared except one, when she concluded to go home and continue the treatment. There apparently something went wrong, as a prompt recurrence took place and she had to be brought back to Chicago again. In six weeks they all disappeared and she remained free for one year when a slight recurrence took place in the axillary space. It again yielded to a mild application of the ray and considerable curiosity is manifested as to the outcome. She is in excellent health at the present time.

I have had five other cases of mycosis fungoides with all of its typical symptoms, which yielded promptly to the ray treatment with no recurrence. I believe it may be relied upon absolutely to cure any case that may present itself. This is based upon too few cases, however, and no assurance should be given of a cure. It should not be forgotten that a few cases have recovered by full doses of arsenic alone, although all of my cases had had it for months without any improvement in the symptoms. It certainly is a good illustration of the marvelous healing power of this mysterious radiation, to see tumors of this character break up and disappear in a few weeks, leaving no trace behind them. Nothing analogous has ever been known in medicine. The results seemed so "bizarre" in the beginning that no X-ray operators have had the courage to report them out of X-ray circles, and it is only after these results had been verified by hundreds of other operators that any report has been made to regular medical journals for the benefit of the profession at large.

EPITHELIOMA OF THE SKIN.

The experience with this type of cancer is very great, and the results have been verified by thousands of operators and in all parts of the world. My personal experience has been extensive in cases involving all parts of the body, and has led me to the conclusion that the X-ray when properly used will cure any case of skin cancer not complicated by metastases or extension into the deep tissues. Some cases present immense difficulties, and necessitate many changes of technic before favorable results are obtained. In one case of this character a large, thick ulcer upon the malar bone would improve temporarily and suddenly get worse. He was treated at intervals for six months and still showed an active ulcer when I began to send the ray through one-sixteenth of an inch of aluminum, and in two weeks it healed up, and has remained so. Aluminum acts as a step-down transformer and at times seems to change the rate of oscillation to a period so that the tissues may absorb it. I have found two varities of epithelioma, one of the lip and the other involving the deep structure of the nose, that will

not respond readily to X-ray treatment. It will check the growth and hold it as long as the treatment is continued, but extensive infiltration will take place sooner or later. A few cases of this character yielded promptly, seemingly responding to the ray as well as more favorably situated growths, and it might be well to leave growths upon the mucous tissues to the surgeon until our technic has been improved in such a way that favorable results can be predicted. A recurrence is almost certain to take place after its removal and can be prevented only by X-radiation given early after the operation, and then a fair assurance of success may be looked for.

Several cases involving the structure of the orbit have recovered under the ray without endangering or destroying the eye, but ordinarily are not suitable for the surgeon or the X-ray operator, as they are rapidly growing and very destructive. The X-ray will check its growth and can hold it for months, but can rarely be depended upon to destroy it, although rendering the patient free from pain. All other skin cancers should be treated for a time by the ray before any attempt for its removal is made. At least one good dermatitis must be produced, and if cicatrization does not take place, removal may be advocated, and great assurance of success be entertained. It is evident to many operators that great improvement in the technic is possible and when this is accomplished it is their belief the X-ray will be found all that could be desired in this class of diseases. The greatest difficulty is experienced in one case in about thirty, the others pursuing a perfectly typical course under the ray treatment. Citcatrization takes place readily in from six to twelve weeks, depending upon the size of the lesion. Where metastases have formed they should be turned over to some good surgeon and rayed soon after operation. The technic required to treat superficial and deep lesions at the present time is too much involved to justify any operator without enormous experience to treat it. When we get some suitable method of measuring the chemical value of the ray these difficulties will disappear. More failures at present are due to the fear of producing destructive action upon the tissue than any other cause. Care should rightly be used as a chronic and destructive X-ray burn is very painful, and undesirable for medico-legal reasons, and until the medical profession can be persuaded to let X-ray burns alone and allow the operator to treat it, we must expect trouble with X-ray treatment. Vaseline, antiseptics and irritants of all kinds will turn a simple dermatitis into a destructive X-ray burn, and the sooner that physicians realize that an X-ray burn is different from anything they have ever seen in their lives and let it alone, the sooner we will have less damage suits to contend with.

Epithelioma of the lower lip is usually complicated by metastases in the submaxillary gland, even when no enlargement can be located. It seems the part of wisdom to remove all of these glands very early. As far as primary epithelioma is concerned it will not generally yield as readily to the X-ray treatment as more favorably situated cancers, but at least 40 per cent will yield readily, but recurrences are common. This is also true of operations upon this form of cancer.

SARCOMA OF THE SKIN.

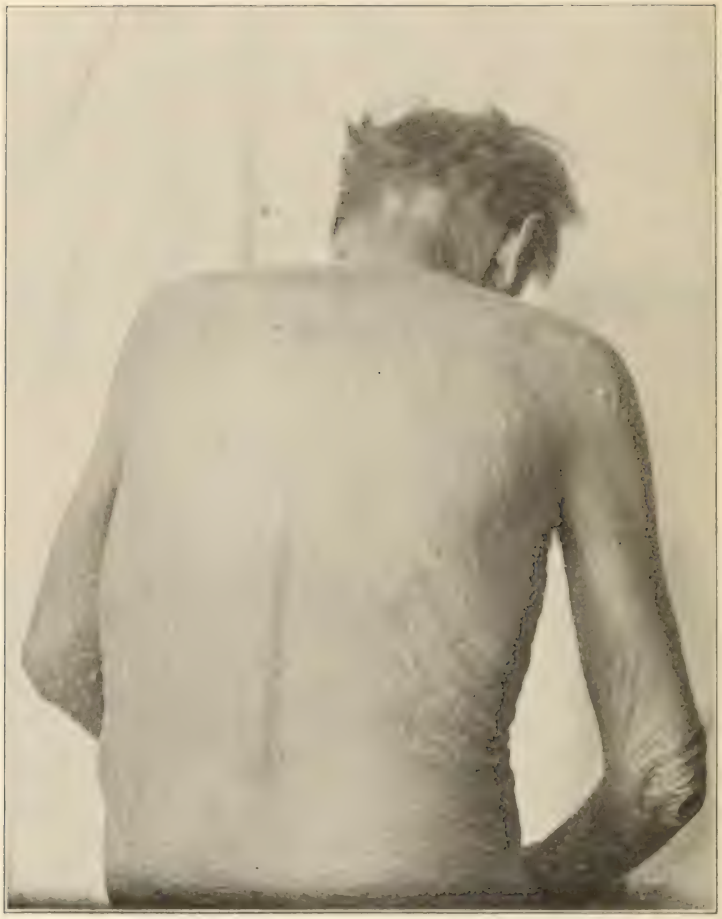
I have been peculiarly fortunate in getting a great number of these forms of skin troubles. I have treated eighteen cases in the last five years and in general, have had good results. The technic involves the use of a medium tube or a spark gap one-half inch each side of the tube if the low skin tube is used, and as much treatment given as is compatable with the safety of tissue.

Carcinoma; recurred two years after operation. Cured in twenty treatments.

Tubercular ulcers complicated with syphilis. Cured in seventy treatments. Specific treatment given for two years without avail.

Tubercular and syphilitic infection of arm of ten years standing. Cured with 130 treatments. No return in five years. Had taken specific treatment for three years without result.

Lupus following burn. Treated at intervals. Result perfect. No return in three years.



Psoriasis of 30 years standing. Has seen the best specialists in the world. Back, arms and chest a solid mass of infection. Cleared up completely in 100 treatments. No return in three years.

Tubercular infection of eight years standing. Cured in seventy treatments.

Tubercular fistula, very extensive. Cured in sixty treatments.

Condylomata venereal. Cured in ten treatments with X-Ray. No other treatment used.

No dermatitis should be produced as the disease takes on a growth immediately. I had one notable case referred by a physician here, of a young man of seventeen years who had a primary round cell sarcoma of the upper jaw, which was not diagnosed correctly for some time and an operation attempted. Immediate multiple sarcoma appeared all over the body estimated at about 2,000 in number, the patient showing a peculiar cachexia and not in very good health. I began to treat the more rapidly growing ones and a quick disappearance took place. He was under treatment for five months and all the sarcomas had disappeared except two, which had shrunk so they were scarcely visible. The primary sarcoma had diminished over two-thirds in size, but some exuberant granulation had formed upon the lower jaw which bleed freely. He was persuaded to visit one of our noted surgeons who commended the work highly; recommended an operation upon the mouth. The patient consented; the operation was followed by acute sepsis and death took place in 26 hours. Improvement took place steadily under the treatment for three months, and then seemed to stop, and Cooley's toxin was used, in a few obstinate tumors and they immediately disappeared. The value of this remedy can not be estimated in this disease, as it will cure many cases with the X-ray that will not respond to either treatment alone. Considering the hopeless prognosis usually given these cases and the acute suffering that a patient endures with a round cell sarcoma, the result should have been favorable. Certainly death was farther from my mind than recurrence, but his life was terminated by an untimely operation.

In six cases I was bothered by new metastases occurring in different parts of the body, necessitating constant watchfulness that they might be treated on appearance. Eventually success seemed to have been obtained, as no new growths have shown up within the last year. I have had five cases of spindle cell sarcoma with multiple metastases where the latter disappeared rapidly and the former appeared scarcely affected, resisting stubbornly both the ray and the toxins and each separately, death taking place at intervals of from one to three years, seeming from some cachexia undermining the patients' health. Seven cases of sarcoma with metastases and some primary comprising three melano-sarcomas and four round cell sarcomas have made a rapid and uneventful recovery. Four of these cases are now free from recurrence for three years and the patients never felt better in their lives. It occurs to me that success could be obtained in a great many cases of skin sarcoma if the technic were more thoroughly mastered. All operators have had the experience while treating these cases to see their progress suddenly arrested and the tumor begin to grow under the treatment, and they have reversed the process by simply changing the tube to new one or causing the ray to pass through some absorption layer before coming in contact with the tumor. It leads me to believe that sarcoma tissue can only be destroyed by the "ray waves" within narrow defined limits. Many tubes simply stimulate the growth, while others are deadly both to the sarcoma and the normal tissue, while a few give off rays that affect the sarcoma tissues alone, causing an atrophy and degeneration of its cells, while connective tissue gradually takes its place.

Repeatedly sections of a "rayed" sarcoma have been made and all of the well known marking absent. These results have been verified by many conservative operators in different parts of the world, and no conscientious operator should hesitate to use the treatment for this admittedly hopeless condition. Careful observation of the technic

should be made and the results compared with other cases in order that the secret may be learned. Why one case rapidly recovers and another rapidly grows worse, both apparently suffering from the same trouble, given the same treatment, and still the results are identically opposite. Also he should try and learn why a slight change in the tube or technic will favorably influence a bad case and make the good one take on a more unfavorable aspect. There is a fact concealed in this problem that stands between the operator and his patient, and when it is learned we may expect sarcoma to yield to X-radiation as readily as the ordinary eczemas. Operators should not be discouraged by reports emanating from alleged scientific observers who believe that the X-ray is merely the X-ray and uses the same technic for all so-called series of cases. The conception is almost as unscientific as sitting down upon the keyboard of a piano while attempting to play Chopin's Funeral March. When we attempt to eliminate errors from our work it should be our aim not to introduce more by "straining at a gnat and swallowing a camel."

SENILE KERATOSIS.

This obstinate trouble of old age which frequently precedes epithelioma has been found to yield very readily to X-radiation, and no other satisfactory treatment is known for this condition. The X-ray should be used exclusively, as it seems to be a specific for this trouble.

CONDYLOMATA.

In the X-ray we seem to have a perfect method of handling this disgusting venereal disease. I have had 23 cases of this trouble and have never failed to get a very prompt and satisfactory result; and it is very rare when we have to produce a dermatitis to cause the absorption of the masses.

In the case shown the whole vagina was distended with the growths, and the discharge was very offensive, and persisted until the fifth treatment when it disappeared.

(To be Continued.)

PRESCRIPTIONS FOR MALARIA

By. J. A. Burnett, M. D., Pauline, Arkansas

A good prescription to break up the chills in acute malaria is as follows:

℞

Quinine sulphate.....gr. xxx
Pulv. capsicum.....gr. xxv
Pulv. opium.....gr. iij

M. Sig. Divide into twenty powders and give from one to five powders for a dose as needed.

After the chills are broken up either one of the following can be used to prevent their return:

℞

Nitric acid
Muriatic acid.....a a ʒj
Iron sulphate .....ʒj

M. Sig. Let stand twenty-four hours to digest and it is ready for use. Dose 8 to 10 drops in a tumblerful of sweetened water five or six times a day. Or give

℞

Mercury bichloride
Strychnine sulphate
Arsenous acid..... .a a gr. j
Ferrum et quinine cit....ʒij

M. Ft. Capsules No. xxiv. Dose one capsule after each meal. Or give

℞

Quinine sulphate.....ʒj
Hydrobromic acid dilute.ʒij
Aqua .....ʒxiv

M. Sig. Dose as required. This prescription is also of value in acute malaria. A teaspoonful contains 3 3-4 grains of quinine. The acid prevents the unpleasant head symptoms produced by the quinine.

TRAUMATIC CATARACT WITH AND WITHOUT PENETRATION OF THE CRYSTALLINE LENS

By Austin J. Mummert, M. D., Ottumwa, Iowa.

Oculist and Aurist to the American Home Finding Association

Mishaps to the crystalline lens are not of infrequent occurrence and we have a serious problem to solve, both as to treatment as well as prognosis, when this class of patients present themselves for treatment. Traumatic cataract starts from a contusion, direct or indirect, with or without penetration of the lens or its capsule. The opacity is much slower in forming when the capsule is not ruptured. If the capsule is ruptured and the wound remains open, the absorption is apt to go on without interruption; should the rent close however and the aqueous be prevented from keeping in contact with the lens substance, there may be a cessation of the absorption, for in order that absorption be accomplished, it is necessary that the avenues for the outlet of the dissolved lens are kept open.

It appears then that the opening in the capsule is necessary before we can expect the cloudy lens to disappear. What is the reason discission is performed in soft cataract? Simply to allow the broken down lens substance to escape into the anterior chamber, mix with the aqueous and be absorbed. We have selected two cases of traumatic cataract to report that are of more or less interest. The second case is especially interesting as the method of treatment has not to our knowledge, been used heretofore for such a case and the success of its application, gives a new field for massage in the treatment of traumatic cataract of like character.

FIGURE I

June 26, 1903, a lad of 15 was brought to the office, having just received an accidental discharge of powder in his face from a toy cannon, some of the powder was burned and some was not when it struck the face and eyes and a grain of powder penetrated the cornea of his right eye, lodging in the crystalline lens, producing a dense opacity in forty minutes, that is—from the time the accident occurred until we saw him. The face, sclera and cornea of both eyes were thoroughly tatooed. The aqueous humor discharged, leaving a flabby eye, an undesirable condition when the surgeon attempts the removal of particles of powder. The iris received no injury as the powder went in through the pupil. As much of the

powder was removed as possible at that time

There was great swelling of the skin of the face and eyelids, and the pain was very severe, photophobia was present to a marked degree. The following treatment was given: Boracic acid, two per cent solution for the cleasing of the conjunctival sac every thirty minutes or as often as necessary to keep the eyes clear of pus. Atropine sulphate two per cent every three hours, one or two drops in each eye, to combat the pain, dilate the pupil to prevent synechia from forming and to allow the expansion of the injured lens. Cocaine hydrochlorate, four per cent had to be used frequently and morphia hypodermatically in the temples at times in order to give the patient some rest from the intense agony he experienced. There was a gradual cessation of the inflammation, and absorption of the lens was completed August 16th and with no discolored capsule. Vision at that time was twenty twentieths with a plus 16.00 sphere; the case has been under observation since then, no unfavorable symptoms have appeared and the lad has been attending high school giving the injured eye as much use as the other one.

January 15, 1905, girl of 11, while in the act of adjusting her elastic hose supporter, allowed the end to slip from her grasp, the metal tip striking the cornea of her left eye, just below and to the temporal side of the pupil, causing a dislocation of the crystalline lens, rupturing the lens-capsule and rendering the lens opaque. (See cut No. 1.) The abnormal pressure of the swollen lens against the inferior portion of the ciliary body and possibly a synechia forming between wounded edges of the capsule and the posterior surface of the iris, held the iris firmly in its grasp, giving the iris an irregular appearance. From the moment the injury was received there was no sight, even light perception was gone, photophobia of the right eye was most distressing, more than the pain experienced in the injured eye which remained but a few days. There was redness about the sclero-corneal margin to the extent one notices in slight injuries of the cornea. An opaque scar marks the point of injury, the opacity extending through the cornea substance. Tension was about normal. Colored glasses were prescribed with the use of atropine sulphate, two per cent solution, one drop in injured eye every four hours. We were unable to secure dilatation only in about one-half of the iris surface and that was of an oval shape on account of the injury to parts back of the iris. Cocaine and homatro-

FIGURE II

pine were also used without much effect toward aiding dilatation. The corneal wound gave absolutely no trouble in healing. The treatment mentioned was kept up for about three weeks with practically no change in the appearance of the lens, the only improvement I could notice was a decrease in the photophobia in the right eye. At this time a system of rotary massage was instituted over the cornea, commencing with a very light pressure over the entire surface of the cornea with the upper eye lid intervening, the patient was directed to hold her eye in such a position that the pressure would be exerted only upon the cornea. After the second treatment there was an escape of some of the broken down lens substance into the anterior chamber, which continued with every treatment until there was nothing left of the lens, even the opaque capsule was absorbed excepting a remnant that spans the pupil, (see cut No. 2) but there is not enough of it to interfere with the vision. The particles of lens that made their appearance in the anterior chamber would seem noticeably smaller from time to time until they would disappear, showing the progress of natural absorption under the stimulus of massage. The index finger was used, governing the amount of pressure by the amount of tenderness elicitated; twice a day such a treatment was given until all of the lens was absorbed. The question may arise concerning the effect massage actually exerts in bringing about absorption. As was pointed out before the rent in the capsule became adherent to the posterior surface of the iris, whereupon the admission of the aqueous humor was prevented from assisting in the absorption process; in applying massage the wounded capsule opened sufficiently to permit the aqueous to bathe and soften the lens substance and allow its escape into the anterior chamber. The opaque shreds of the capsule will of necessity remain in their present position, (see cut No. 3) just as we expect to find some opacity of the capsule after an extraction operation, only not as much, because in the first instance part of the capsule itself has undergone absorption where as in the extraction operation the opacity increases if it changes at all, from the time of the optration and necessitates a subsequent operation to relieve the difficulty if it interferes with the vission. This eye has about the same amount of vision we expect to find after the most favorable termination of an extraction operation. The tension was tested before each treatment to determine if the reaction was sufficient to cause glaucoma symptoms.

FIGURE III

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

Professor of Surgery, Harvey Medical College.

(Continued from page 279 July Recorder.)

APPENDICITIS.

When an acute appendiceal inflammation develops if nothing be done to the patient a comparatively early recovery will follow in a certain percentage of cases. These patients have had an infection which, through nature's efforts, coupled with the character of the infection, has resulted in early subsidence of the inflammation. We see these cases frequently in the hands of men who do not favor operative interference, yet in the beginning of an attack it is impossible to say whether or not an infection will pursue such a course. The case frequently will not show rapid improvement after a few days and it is advisable to be exceedingly careful in recommending expectant treatment of any kind in any case of acute appendiceal inflammation.

In many cases the extension of an inflammatory process to the peritoneum is followed by the rapid development of adhesions. The peritoneal surfaces become dry and sticky, then inflammatory material is thrown out and this causes an adherence of the peritoneal surfaces lying in contact. As the process continues the adhesions become stronger and stronger. Where an acute inflammation of the appendix develops and the adhesions form, the extension of the process is checked. The inflammatory process may become more and more severe, but the remainder of the peritoneal cavity is cut off. If gangrene of the appendix or head of the colon develops pus may form in considerable quantity and a large abscess develop. Where such a condition is even likely to develop the patient would be far better off had an immediate operation been performed. The union of the loops of bowel into a tangled mass may be followed by complete recovery but it greatly increases the magnitude of the operation and renders the possibility of a very rapid convalescence very slight. Where the patient is not operated upon and adhesions form they may be responsible for keeping up an irritation about the appendix and prevent complete recovery or they may result in annoying intestinal disturbances.

Where an abscess forms, unless it drain into the bowel, bladder or externally, the pus must be evacuated. The appendiceal infection which is seen early and allowed to go on to abscess formation has been improperly treated. The inflammation about the appendix which is at all severe should always be followed by immediate operation, for only by this means may complicating adhesions of the intestinal loops be prevented from forming. After an inflammation of the appendix at all severe the simple removal of the appendix is not alone indicated, the adhesions should be carefully separated and if possible their renuion prevented. The case of appendicitis in which a distinct abscess has formed should be treated first of all by evacuation of the pus. The evacuation of pus from the right iliac fossa is easily accomplished. The tumor should be carefully outlined by palpation and percussion and a point selected for incision well out toward the right iliac fossa. The pus may be evacuated through a short incision and after the cavity has been mopped out tube and gauge drainage should be used. The drainage of pus does not demand a very large opening. I have several times drained such cases through incisions not over one inch long. The pus may be evacuated with the aid of infiltration anesthesia. For this purpose a

FIGURE I

Figure 1. Illustrating manner of draining by rubber tubing. One or more tubes may be used. The use of glass tubes are objectional in abdominal surgery owing to the danger of necrosis.

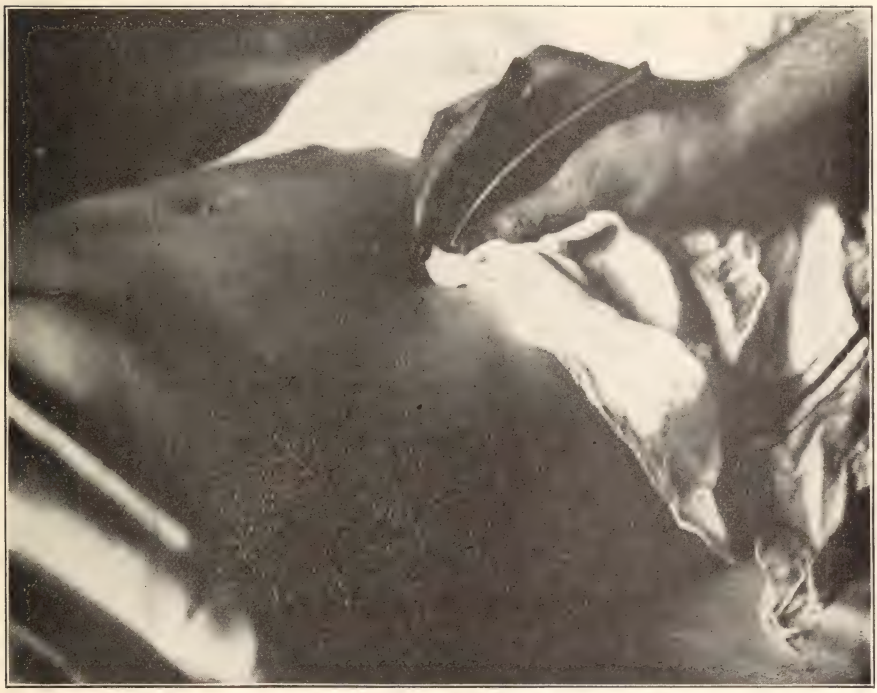


FIGURE II

Figure 2. The rubber tubing should be used in connection with one or more inches of gauze as is shown in the figure.

FIGURE III

Figure 3. Illustrating manner of draining by use of gauze wicks only.

FIGURE IV

Figure 4. Hernia does not always follow the use of drainage and the dispensation with sutures. Neither is a long incision necessary as may be seen by the successful outcome of this case.

grain of cocain should be added to at least two ounces of boiled water. The operation may be free from pain except that felt when the first needle puncture is made. The operation of simply draining the pus away from an abscess is indicated when only a few days have passed since the formation of the abscess. Where some weeks have elapsed the pus may be sterile and all adhesions may be broken down and the appendix removed. Even when operating only a few days after the development of the abscess the short incision is all that is necessary. Unless the appendix is easily found it should be left in place. If the adhesions are broken down general peritonitis may develop.

In a few cases where the appendix is very much inflamed, or even gangrenous at its base, it cannot be crushed and tied off but must be excised completely and the opening left in the cecum closed as one would any intestinal puncture. The simple drainage of an abscess and the leaving of a damaged appendix and many adhesions will not be followed by complete recovery. Some weeks or months later an operation will be demanded for breaking up all adhesions and the removal of the remnant of the appendix. The operation of removing the appendix in the presence of many extensive adhesions may call for a rather long abdominal incision as the colon may be so bound down among the loops of the small bowel that it cannot be delivered out through the abdominal incision with safety. Having met with more than usual success by expectant treatment some have come to look with disfavor upon operative interference in appendicitis. An expectant treatment is always uncertain whereas the treatment by early operation is one which is beset with few uncertainties or dangers, so that the operator after a few years' experience advocating immediate operation in all early cases will be loath to allow any case to reach that uncertain state where the outcome is problematical. Immediate operation in all cases, the plan followed by some surgeons, is by no means commendable, for there is no question that cases may be saved by a few days' or weeks' delay, where an immediate operation would be fatal. The possibilities of unrecognized appendiceal inflammations I have spoken of in previous articles. The treatment of cases complicated by numerous firm adhesions will not permit of a detailed description of technic. Here an incision may be demanded large enough to admit the entire hand into the abdomen, and the separation of adhesions may result in peritoneal injuries which will demand sutures for re-approximation. The operator must search out the appendix, disentangle the united intestinal loops and coils and then remove the appendix. Following the removal of the appendix all raw surfaces formed by the separation of the adhesions should be closed in by fine sutures, preferably of catgut. The abdominal incision may be closed without drainage after the interval operation and the patient may be allowed out of bed as soon as he chooses in the absence of febrile symptoms. The closure of the abdomen is a matter which has caused much discussion among surgeons. The manner of closing has less to do with the outcome so far as hernia is concerned, than the ultimate course of the convalescence. Healing without suppuration will seldom be followed by hernia. When pus forms we may have hernia subsequently develop and we may not. The presence of the pus may be accompanied by sloughing of portions of the abdominal wall which play a very important part in the prevention of a hernial protrusion. It has been my experience to notice hernia particularly where the fascial layers have been separated and drawn out to be sutured. It is my custom to suture these layers with particular care but not to permit of their loosening from tissues

in front and behind them. Where the wall has not been sutured and drainage has been followed by healing by granulation, a small, firm scar may result as is shown in the last illustration.

(To be Continued.)

TAENIA

By W. Stuart Leech, M. D., Brooten, Minnesota.

When I left the medical college in my graduation days I felt that if there was one thing I could treat in a theoretical and satisfactory way it would be taenia of any kind. The theory was that after the diagnosis and the dieting, to first administer one or two drachms of chloroform and then while the cestode was enjoying his artificial sleep give a tablespoonful of castor oil with a few minims of turpentine mixed which would expel him. My first case was in a strong robust looking German in Tennessee. I administered the remedy in his case repeatedly and made a complete failure. Three or four segments, only, were discharged. Before citing my last and most interesting case I will say that I have fourteen hundred dollars invested in medical books from all the best publishers in this country and Great Britain and find them to be sadly deficient in history, diagnosis and treatment of taenia of any description. In their description of taenia solium and taenia saginata they are hopelessly confused. The best clinical description I have found is in an old work, viz.: Watson's Practice of 1872. The best laboratory description is to be found in Boston's Clinical Diagnosis of 1904 and even he is mixed in his description of the two classical types—saginata and solium.

From my case book I would estimate that one person in every hundred in this section of the country is infected with taenia once in their lifetime. This will undoubtedly increase as the consumption of raw beef, raw fish and raw pork is on the increase. As each segment throws off numerous ova which are scattered in villages and along railroad tracks, lettuce and other green foods will be a disseminating factor.

Case A.—Middle life, complexion non-descript, neurotic temperament, with the exception of a severe bloody colitis seventeen years previously had had no illness, no rheumatic or specific symptoms, average height and weight, frame well proportioned, some pharyngitis for years, mucus streaked stools for years after the colitis, albumen in urine continuously for six years after the dysentery when it ceased to appear, had been subject to attacks of indigestion and intestinal colic from childhood, habits were active, no stimulants or narcotics were used. He presented himself to me with the following symptoms: good appetite, a weak fainty feeling five or six hours after meals, some insomnia at 4 a. m. which was six hours after a light evening lunch, occasionally a little soreness and tickling over the region of the descending colon three to four inches to the left and downwards from the umbilicus, a reappearance of mucus in the stools. Cream or corn syrup would produce herpes labialis which would be followed by an attack of intestinal colic. He never ate pork and was very fond of good steak and had eaten no other meat for five months than the choicest sirloins and tenderloins. I thought that I had a case of atonic intestinal indigestion and chronic colitis and prescribed accordingly. There was no special improvement beyond the appetite. The amount of mucus and the weak feelings increased. After partaking of food the weak "gone" feeling would instantly disappear. The patient brought some of the mucus to my office for inspection which I stained and mounted for the microscope but

could find no tubercule bacilli present. I placed him on calcium sulphide three to twelve grains a day and made another miscroscopical examination a few days afterwards. Part of the specimen which I at first thought was detached epithelium enmasse or a piece of fat which had passed undigested, would not take or be subject to the staining process. It was thin, about one quarter of an inch long and one-twelfth in width. I now knew that I had some form of cestode to deal with. I ordered the calcium increased to fifteen or twenty grains a day and directed patient to notice the defecated particles carefully. He returned with three or four well formed segments of taenia. While waiting for a mail order of olei filicis maris (male fern) to arrive, the impatience of the patient induced me to try other means to rid him of the parasite. After twenty-four hours of dieting a purgative dose of calomel was given at night and followed the next morning with two teaspoonfuls of turpentine mixed with a tablespoonful of castor oil. This was followed by a two-quart injection of cold water. Eighteen hours afterwards a cold water enema of one to five thousand (1 to 5000) bichloride of mercury was administered. None of these produced more than the passage of six to twelve segments. For several hours after the corrosive sublimate injection there was considerable soreness in the region of the umbilicus. In a few days the male fern arrived and as the patient was pretty thoroughly purged I prescribed a small dose of cascara at night and ordered the twelve capsules of five minims each of male fern to be taken with a cup of coffee the following morning to be followed one hour afterwards with the following at one dose:

℞ Olei ricini.....ʒi.
Spts. frumenti ....℥ss.
Spts. terebinthine..... ʒiij.

That night when the cascara was taken the patient could not resist the temptation of swallowing two of the capsules of male fern otherwise he followed directions. He stated that at 3:30 that morning he felt something give way and the tickling and contraction to the left of the umbilicus was so great that he had to get up and drink cold water. Sept. 22, 1904, a tapering tape of 330 segments headless and one small tape of two feet in length with two horns, each horn one and one-quarter inches in length, were discharged one hour after the morning dose. This was followed immediately by an enema of cold water. On Dec. 18, just three months later, I ordered the same dose repeated when there were expelled 400 connected segments of a large tape but no horns or head. With this were two or three very small ones about one-twelfth of an inch in breadth and several feet in length well segmented. The fern was repeated that day without finding any head or horns.

Dec. 23 gave ʒxv decoc. of pomegranate. No taenia.

Dec. 28 gave ʒijss of male fern followed by the brandy, oil and turpentine. No taenia.

Jan. 27, 1905, gave dec. of pomegranate ℥xx after a fast, followed by the oil and turpentine. No taenia. Strangury symptoms.

To satisfy the patient I administered on May 22 another dose of male fern and cascara but no taenia was expelled.

This case had undoubtedly become infected from a tenderloin steak as no other meal and no lettuce had been eaten the four months previous. The dysentery had made the colon a vulnerable spot. Taenia saginata, beef tape worm contrary to Boston and some other authors, can have horns or hooklets. To draw a conclusion from this case, taenia may possibly shed its arms or hooks before it is full grown.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

CHRONIC DISEASES

No one method will cure all diseases.

No one method will cure all cases of some one disease.

These assertions I believe to be absolutely true. It is because I believe them to be true that I do not confine myself to any one school or system of practice.

When a patient comes to me for treatment I take down his personal observations of the case and then I look him over carefully and record my own observations. After this I prescribe for him as in my judgment seems fit. In the great maojrity of the chronic cases I see my treatment is a combination of two or more systems of practice.

If, for example, the case is one of stomach trouble I will clean out the alimentary tract with some good cathartic and then keep it clean with some intestinal antiseptic. I seldom prescribe any of the digestive ferments but aim to put the organ in shape to do its own work. I will examine the spine and may find a curvature or subluxation of vertebra in the dorsal region and will advise a course of manual therapeutic treatment, thus borrowing from the osteopath. If upon questioning the patient I am lead to believe there is any pelvic trouble I will make an examination of this region. If there are any abnormal conditions needing attention I will advise such treatment as indicated.

The sympathetic nervous system has but lately been given the attention it required. I do not believe I am wrong when I say that the majority of the practitioners do not recognize the importance of its reflex actions.

If the case be one of kidney trouble I will no doubt again find use for my manual therapy and with it static electricity for its wonderful effects upon the nerves. Seldom will drugs be needed in these cases unless there is pus in the urine.

Electricity has become recognized as a therapeutic agent of great value. I find that many conditions yield to the violet and X-rays that a few years ago I would have declared incurable and relief could only have been secured by use of the knife.

It has been especially in the treatment of chronic diseases peculiar to women that I have had the satisfaction of relieving conditions declared by others to be amenable only to radical surgical measures.

In the great majority of such cases there are vertebral lesions from the tenth dorsal down. These lesions cause chronic congestion and the long list of ills resulting from such congestion. Such lesions will also cause subinvolution of the uterus. Many women have chronic uterine and ovarian disease after a confinement because of the need of correction of spinal lesions in this region of the column.

With the manual therapeutic treatment will be given local treatment to deplete the congested organs and healing ointments to cure the ulcerated uterus. Of course if there be lacerations they must be repaired, but nine out of ten uteri and ovaries ordinarily condemned to be removed may be saved by the above conservative measures.

High frequency vibration is an agent I find of great value in many cases of sciatica. The treatment re-

laxes the muscles at the point of exit of the nerve from the pelvis and seems to act as an anodyne to the inflamed nerve.

In cases of rheumatism and synovitis the limb or the affected part will often be cured or greatly benefited by use of the hot air apparatus. The use of a temperature of from 300 to 350 degrees for twenty or thirty minutes causes great relaxation and promotes resolution.

I trust that in these few examples I have shown that a physician should not close his ears and eyes to all other schools but his own. We need all the help we can get no matter what the source.

The best physician is the one who does the best he can for his patient, gleaning and using knowledge obtained from any source.

Clifford E. Henry, M. D.
Globe Building, Minneapolis, Minn.

CALOMEL IN COMBINATION WITH OTHER REMEDIES

In most all cases when calomel is indicated it is best to use it in combination with other remedies.

Dr. W. F. Waugh was the first to call my attention to the use of calomel in small doses frequently repeated. In fact this is his way of using most all remedies and a very good way it is.

It is a well established fact that one grain of calomel divided into six doses and a dose given every thirty minutes will do more good than one five-grain dose. If any one doubts this let him try it. Besides the small doses are not likely to salivate or injure the patient in other ways.

In simple cases of biliousness the following is very effective:

℞

Calomel.
Podophyllin, aa.....gr. j.
Sodium bicarbonate...gr. iv.

M. Sig. Divide into six doses and take one every thirty minutes until all are taken then follow with sodium hyposulphite.

In cases of diarrhoea when the tongue is coated and the liver inactive calomel in combination with bismuth subnitrate is very useful especially if the stomach is irritated and there is nausea or vomiting. It should be given as follows:

℞

Calomel.....gr. j.
Bismuth subnitrate..gr. xij.

M. Sig. Divide into six doses and give one every thirty minutes until all are taken.

If desired cerium oxalate can be used in place of the bismuth. It is often a much better remedy and much cheaper. If there is considerable pain and the diarrhoea should be stopped at once Dover's powder can be used in place of the bismuth.

If the stomach is not irritated geranium can be used with calomel as follows:

℞

Calomel.....gr. j.
Pulv. geranium.....gr. vj.

M. Sig. Divide into six powders and take one every thirty minutes.

Oftener it will be better to use pulverized myrica cerifera in place of the geranium as it is a very useful astringent and very useful liver remedy also.

In many cases of diarrhoea zinc sulphocarbolate will be a useful companion for calomel.

When calomel is used as a purgative often a stimulant is needed and when this is the case, capsicum should be combined with it.

Juglandin is a useful companion for calomel in many cases especially when there is a tendency to constipation following the use of calomel.

J. A. Burnett, M. D.
Pauline, Ark.

THE WISCONSIN MEDICAL RECORDER

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Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and Questions are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

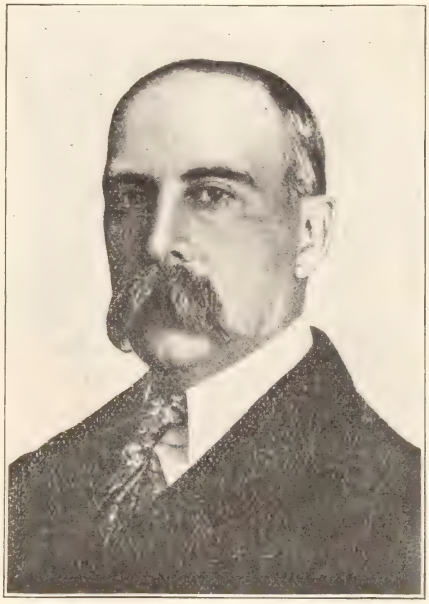
We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 AUGUST, 1905 No. 8

AMERICAN MEDICAL ASSOCIATION MEETING

The whole medical profession is always greatly interested in the annual meeting of this largest medical society. The fifth-sixth annual meeting was held this year at Portland, Oregon, July 11-14, with an attendance of nearly two thousand, the attendance being smaller than usual on acocunt of the place of meeting being too far for the usual number to attend. The addresses this year were very satisfactory to those hearing them, the address of President L. S. McMurtry being especially commendable for its broadness and soundness, giving a review of the progress and purpose of the society. The following extract from it is worthy of careful consideration:

"If every physician worked alone, relied on his own unaided observation for his knowledge, never looking outside his own scope of view, ignorance would prevail and there would be no progress in medical science. Medicine is not an exact science, and until perfected by extorting from Nature all her secrets, it must from the nature



L. S. McMURTRY, M. D.

of things continue to be a progressive science. Never before in the history of medicine has such marked progress in all its departments been made as during the present age. Theories have been supplanted by facts; laboratory research and clinical investigation have taken the place of tradition and authoritative opinion. To rely on the accomplishments of the college period is to be left behind in hopeless incompetency. The advance of medical knowledge is to be observed first in our medical societies, and afterward in our scientific medical journals. In the

medical societies innovations are subjected to criticism and discussion by those competent to judge the merits of scientific contributions. Moreover, there is a stimulus to study and investigation from association with workers in the same field; and one obtains a broader view of every subject so considered. The physician, more than any other professional man, is isolated by the conditions of his life, and to no profession is the educating influence of society work so essential and invaluable. This same condition of isolation is at the foundation for the most part, of the jealousies and petty bickerings so prevalent in our profession. These troubles are, as a rule, the result of misunderstandings, and are both prevented and corrected by coming together in a society composed of physicians. The lonely worker in any calling is prone to become narrow, suspicious, and morbid. Our medical societies are the great post-graduate schools of the profession, where knowledge is increased and individual character developed."

The officers elected for the next year are: President, Dr. William J. Mayo of Rochester, Minn.; Vice-Presidents, Drs. Walter Wyman, Surgeon-General U. S. Public Health and Marine Hospital Service, K. A. J. Mackenzie of Oregon, E. S. Talbot of Illinois, and E. D. Martin of Pennsylvania; Secretary, Dr. George H. Simmons of Chicago; Trustees, Drs. E. E. Montgomery, A. L. Wright, and H. L. E. Johnson; Members of Council, Drs. P. M. Foshay, re-appointed, and W. S. Foster, elected in place of Dr. Wiggin, resigned; Orator in Medicine, Dr. F. C. Shattuck of Boston; Orator in Surgery, Dr. Joseph D. Bryant of New York; Orator in State Medicine, Dr. W. H. Sanders of Montgomery, Ala. The next place of meeting will be Boston, the date to be determined later by the officers.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

MATERIA MEDICA AND THERAPEUTICS. By Finley Ellingwood, M. D., Professor of Materia Medica in Bennett Medical College, Chicago; Secretary of the National Electic Medical Association, Editor of Chicago Medical Times, with a condensed consideration of Pharmacy and Pharmacognosy, by John M. Lloyd, Ph. M., Ph. D. Fifth Edition, Thoroughly Revised and Greatly Enlarged. Pages, 811. Cloth. Price, $5.00. Chicago Medical Times Pub. Co., 100 State St., Chicago.

This is the new edition of an eclectic materia medica, which is authoritative and is used extensively by physicians of all schools. The many new remedies appearing in the last few years make it necessary to revise a materia medica every few years. About forty remedies have been added to this volume since the previous volume. Many of the articles have been rewritten and the results of recent investigations added.

One thing refreshing about the book is that there is no therapeutic nihilism to it. The author believes in the beneficial action of drugs and he tells how to use them to advantage. The eclectics have given us many valuable drugs and it is of interest to read about them in this volume. Echinacea, for instance, was introduced to the profession a few years ago by the eclectics and has proven a valuable remedy. It is considered at length in this work. The author states that alkaloids, resinoids and glucosides first received attention from the eclectics. The indications for the use of the various remedies are given very

clearly. Every physician, regardless of school, will find this volume a most useful reference book and the doctor who has it in his library will refer to it frequently. The eclectics all know that Ellingwood's Materia Medica is a good book. The prejudice between the different schools is disappearing and the physician of today is looking for the measures which give the best results. The physician who reads this book will understand the principles of the eclectics and will find frequent opportunity to use the remedies described in the volume. The book has an index of remedies and index of diseases both very complete, which add much to its value. An up-to-date materia medica is always a good addition to a library. This book does not take the place of other works, but covers an important and valuable field not enlarged upon, to any great degree, by other writers, in the thorough consideration of those remedies of the botanic group, which are now attracting general attention.

CLINICAL TREATISES ON THE PATHOLOGY AND THERAPY OF DISORDERS OF METABOLISM AND NUTRITION. By Prof. Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort a. M. Authorized American Edition Translated under the Direction of Broadman Reed, M. D., Professor of Diseases of the Gastro-Intestinal Tract, Temple College, Philadelphia, etc. Part VI. Drink Restriction (Thirst-cures) Particularly in Obesity. Pages, 86. Cloth. Price, 75 cents. E. B. Treat & Co., 241-243 West 23d St., New York Ctiy.

This series of monographs on diseases of metabolism and nutrition represents much original work and presents much that is new and valuable. In this book the value of the restriction of liquids in certain diseases is discussed. While it is conceded that there is great virtue in the practice of flushing the system with water in certain conditions yet the author feels that the matter has been overdone in many instances. In some diseases of blood vessels, the stomach, the heart and kidneys, the restriction of liquids or the "thirst cure" is of value. The indications for its practice are given in the book. Especial attention is devoted to the restriction of liquids in obesity, telling when it is proper and when not. The author states that by the restriction of liquids the stomach is relieved of much work and the pressure exercised upon its walls reduced, the total labor performed by the circulatory apparatus is decreased and the heart spared, the fluids of the body become more concentrated, the body-weight is decreased and the appetite is decreased. Dr. von Noorden was assisted in preparing this work by Dr. Hugo Salomon. Dr. Reed's editorial work adds to the value of the volume.

THE DIARY OF A LATE PHYSICIAN.—By Samuel Warren, D. C. L., F. R. S. Arranged by Charles Moulton. Pages 379. Illustrated. Silk Cloth. Price, $2.50. The Saalfield Publishing Co., Akron, Ohio.

This is the latest volume in the Doctor's Recreation Series and is an excellent addition to this set of books. The author, Samuel Warren, was born in Denbigshire, England, in 1807, and died in 1877. He studied both medicine and law; was made a Q. C. in 1851; was Recorder of Hull, 1852-1874; was a conservative member of parliament, 1856-59, and then Master of Lunacy. He was the author of a number of books in addition to this work. "The Diary of a Late Physician" was first published in serial form in Blackwood's magazine and attracted much attention. It was published in book form in several languages and

many editions were sold. As the work has been out of print for some time the present edition will be welcomed.

Dr. Warren's story starts out with the early struggles of a young physician in London. The hard battle which he fought before he finally obtained a very lucrative practice, will be appreciated by every physician as he recalls the early days of his own practice. The book recites the many exciting and tragic events which the physician of large practice met in his life's work. The stories are told in a powerful and direct style and are strong presentations of many pages from the vast book of human suffernig.

Every physician should have the Doctor's Recreation Series in his library for it contains many medico-literary classics to be obtained nowhere else. The volumes are beautifully bound in brown silk with gilt tops. Each volume contains four photo-gravaure reproductions of famous paintings appropriate to the work.

BOOK NOTES

Despite the pronounced difference in the style of the publication, many people do not realize that "Leslie's Monthly" and "Leslie's Weekly" have long been conducted under different ownerships. To emphasize this distinction the announcement is made that hereafter "Leslie's Monthly" will be known as the "American Illustrated Magazine," a title which sums up its editorial policy and ends forever all implication of connection with the journalism invented and popularized by the late Frank Leslie.

The August Cosmopolitan shows a marked improvement in this excellent magazine, the illustrations being especially fine. Some of the leading articles are: "The Poetry of a Woman's Smile," by Richard Le Gallienne; "Story of Paul Jones," by Alfred Henry Lewis; "Most Daring of All Mountain Climbers," by Geo. D. Abraham; "Solving the Mystery of the Stars," by Garrett P. Serviss; "Giving Babies Away," by Ada Patterson; "The Law of Obedience," by Elbert Hubbard; "Peonage in America," by Herbert D. Ward; "Great Sieges of History," by Cyrus Townsend Brady. John Brisben Walker's editorial is "What Should Be the Education of a Business Man?" The number contains a good supply of good fiction.

For $2.00 we send The Cosmopolitan, Leslie's Monthly Magazine, The Wisconsin Medical Recorder one year and 1,000 premium labels. This is a club offer worth sending for and we advise our readers to improve it while there is a chance.

Lippincott's Magazine is made for men and women who are alive to the great world of today and who enjoy pure, bright, entertaining stories and articles. The August Lippincott's contains a large assortment of wholesome summer reading. The complete novel is always a great feature of the magazine and this month's will enliven the hottest weather: it is "Her First Elopement," by Clara Bartram. A clever paper for summer reading is "The Album Amicorum," by Agnes Repplier. The short stories are: "The Madness of Sari," by Prince Vladimir Vaniatsky; "Lady Alice of Ile d'Ete," by Anne O'Hagan; "Who Killed the Heifer?" by Gay Bentley Wuerpel; "Deborah of Fort Yaivik," by Mary Bourchier Sanford; "A Boom in Realty," by Arthur Hendrick Vandenberg. "Walnuts and Wine" will drive away trouble any time.

In August Everybody's Magazine are strong intsallments of two leading serial articles of the magazine: "Frenzied Finance," by Thos. W. Lawson, and "The Greatest Trust in the World," by Charles Edward Russell. This year

Everybody's has had unprecedented success in making its August issue a "Special Fiction Number." Its most conspicuous feature is Robert W. Chambers's admirable love story, "The Ghost of Chance." In the second of his series of powerful New Zealand stories, "In the Farthest Sea," G. B. Lancaster well sustains his reputation as "the new Kipling." Mary Stewart Cutting and Harvey J. O'Higgins contribute stories of real people of today: "The Heritage" and "The Honeymoon Flat." Joseph C. Lincoln "The Simplicity of It;" "The Captain," is an excellent story by Maximilian Foster; and Kathryn Jarboe has an entertaining story, "Rigo's Circus." There is a strong timeliness in Hartley Davis's illustrated article, "In Vaudeville," and the final installment of Miss Martha Bensley's "Experiences of a Nursery Governess" completes the issue. On September 1st the subscription price per year of the magazine will be raised to $1.50.

Leslie's Monthly Magazine for August offers a number of interesting articles and short stories fully up to the high standard which it has recently been setting. William Bayard Hale's article, "An Empire of Illusion and Its Fall," tells in a graphic way how Philadelphia won against the Durham gang at the first realization of its own strength. Dr. Henry C. Rowland, who sailed on the "Endymion," writes about the Kaiser's Cup Race, and Henry K. Webster about "Labor Leaders and Where They Are Heading." George Hibbard's novellette, "Heroines Three," opens the number and is charming. There are short stories by Mrs. Wilson Woodrow, Arthur Stanwood Pier, George E. Hunt, John Worme and William J. Long.

For $2.20 we send Leslie's Monthly, The Cosmopolitan, and The Recorder one year and 1,000 premium labels.

F. A. Davis Company of Philadelphia, announce the early publication of a work long expected and urgently demanded by the medical profession. It is a Treatise on the Motor Apparatus of the Eyes, embracing an exposition of the anomalies of the ocular adjustments and their treatment, with the anatomy and physiology of the eye muscles and their accessories, by Dr. George T. Stevens, of New York. The reputation of the author as one of the most original thinkers and foremost investigators in his profession, and one whose works have exerted a profound influence on the views, not only of oculists, but of practitioners in other branches of medicine, is well known.

Dr. Steven's work is a systematic development of the subject of adjustments of the eyes. He advances the anatomy and the physiology of adjustments to perspective and the psychology of sight, and at length to the classes of anomalies as they arise from variations from normal types. From his unequaled experience he has evolved a rational and philosophic system of treatment. Thus is wrought into a continuous whole one of the most interesting as it is one of the most important of subjects in the science of medicine. It is to be profusely and elegantly illustrated in colors and in black and white, mostly from the author's own drawings. The illustrations in comparative anatomy are of especial interest. The book will be found a necessity to the oculist and the neurologist, while to physicians in all branches of practice, to physiologists and psychologists it will prove a work of much value and interest. It will be complete in one royal octavo volume of about 500 pages.

McClure's Magazine for August is the mid-summer fiction number and it is all fiction with one exception. Miss Ida M. Tarbell continues her character sketch of John D. Rockefeller, which has excited much interest and comment. The article is illustrated with

two full page portraits of Rockefeller. We lack space to mention all the fiction in the number, but it is good and varied. Three of the stories are illustrated by reproductions in color: "Beneath the Bulldog's Bilge," by T. J. Hains; "In Loco Parentis," by Myra Kelly; "Skeezicks," by Geo. R. Chester. "Finances of the Shark System," by John McAuley Palmer, is something good illustrated with cartoons by John T. McCutcheon. Booth Tarkington contributes a short story, "The Property Man."

(Photograph, Copyright 1904 by J. E. Purdy, Boston)

MISS ADA TARBELL

Dr. A. P. Ohlmacher, recently of Gallipolis, Ohio, has been appointed director of the Biological Laboratories of Frederick Stearns & Co., of Detroit, and has entered upon the duties of that position which are chiefly those of original research in biologic therapeutics.

Medical men familiar with the literature of pathology, bacteriology and serum therapy in America, know Dr. Ohlmacher as a pioneer investigator in these branches of science. He was one of the first bacteriologists in this country to immunize a horse against diphtheria, and to produce a serum of clinical value. His work attracted widespread attention, and it is significant that his papers published in 1894 on the preparation, uses and value of antidiphtheric serum still stand as authoritative utterances on the subject. This work was purely scientific, carried out on an extensive experimental scale, both in the laboratory and at the bedside, and antedated the commercial production of antitoxin in America. As a teacher and author Dr. Ohlmacher is equally well known to the profession, and the fact that he is to have entire charge of the important biologic interests of the Stearns house gives additional assurance—if any were needed—of the liberal attitude of that institution towards the scientific work which is the pride and glory of American medicine.

N. B. Shade, M. D., late editor North American Medical Review, Washington, D. C., says in the Medical Examiner and Practitioner:

"Papine is derived from the concrete juice of the unripe capsules of papaver somniferum, U. S. pharmacopoeia. Physicians who have tested the virtue of papine in their practice have given evidence that it contains all the medicinal value of opium, with all its bad qualities eliminated. Papine has none of the bad after effects of opium, morphia, laudanum, paregoric, etc. I positively declare and insist that the physician who once gives papine a trial cannot be persuaded to deprive his patients of the great benefit of this agency to relieve pain, an implement of precision, which is perfectly harmless to the patient."

When an internal mucous astringent is indicated, in such cases as cholera infantum, etc., Kennedy's dark pinus canadensis should be given in alkaline medium.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

THE INJECTION TREATMENT FOR THE CURE OF HERNIA

By A. V. Barnes, M. D., 211 N. 5th St., St. Joseph, Mo.

The editor of a well known journal took occasion, recently, to comment on some of the little things in practice, the loose ends, as he aptly called them, that were being neglected. One of the important little things in every doctor's practice is the treatment of rupture and none of the "loose ends" of so much value as the injection treatment for the permanent cure of this condition. About seven in ten people are ruptured in some one of the various ways known to the doctor, a statement well borne out by statistics. It is not the intention of his article to deal with the various kinds of hernia or the complicated treatment of same; but to speak more particularly of the simplest, and, in my experience, the most satisfactory treatment.

The injection or plastic treatment has for its object the throwing out of an inflammatory or plastic lymph, by means of a suitable stimulant injected at the desired point, in such a way as to form a complete barrier about the opening, preventing any possibility of protrusion. The operation is not a difficult one nor is it of any serious concern to the patient, a few hours' inconvenience after each operation being all that is experienced. A thorough knowledge of the anatomy of the parts is the principal requisite for performing the operation, which is proceeded with in the following manner: On the day previous to the operation, administer a large dose of sulphate of magnesia to thoroughly clean out the intestinal canal. Everything being favorable, place the patient in bed, having the head and shoulders low and the pelvis slightly raised. Explore the inguinal ring, or other opening, and see that the hernia is completely reduced. Then by invaginating with the forefinger of the left hand, locating the external ring and pressing down with the thumb of the same hand the tissue and integument is held firmly while the needle is pushed down beside the thumb until the point reaches just below and under the arch of the external ring, when it is deftly pushed up the canal until it reaches the internal ring. The fluid is then slowly distributed over the interior of the canal and around the ring as the instrument is withdrawn. I have practiced this method for more than fifteen years and my experience is that, with children the cure is permanent and obtained with from one to two injections, as their vital forces are stronger and the lymph more plastic, while in cases of adults the treatment is positive and effectively permanent after four to six injections, unless the patient be of advanced age and the capillary circulation free. I can call to mind several hundred cases on which I have operated that have remained permanent after ten years, a clinical experience sufficient to convince me that the method is a wise and safe one to adopt. In operating, I aim to make tentative points or a nucleus for lymph or plasma to form, with about five drops of the fluid. You have a lump or cicatrix form about which you can build every four or five days, until you have a strong, organiz-

ed tissue monitor to completely guard and protect the ring, giving to your patient a feeling of comfort and satisfaction that will be substantially appreciated. I have earned hundreds of dollars from this operation and expect to earn hundreds more and have yet to have a patient object to the charge made, so well satisfied have they been with the results. I recently received a fee of one hundred and fifty dollars for a case which was cured with two injections, so well was the patient pleased that he insisted on adding to my "too modest" charge. There are a great many formulae given for the injection fluid, some of which are good but most of them of unknown quantity. The fluid I have used for a number of years and from which I have obtained the best results, is known as the Ideal Injection Fluid and made by the Ideal Chemical Co., St. Paul, Minn. The fluid comes in a convenient form ready for use and the results have been so uniformly successful with me that I would advise those desiring to treat their hernia cases by this method to employ the same. This is a field in which it is not safe to experiment. Known results are worthy of consideration and inspire confidence and if I have or can inspire enough confidence to induce you to adopt the injection treatment for your hernia cases, I will feel that I have accomplished a good both a humanity and the profession.

CREOSOTE IN TUBERCULOSIS

Tuberculosis is curable. Medical practice gives constant evidence of this, and further, autopsies performed in the hospitals and at the morgue have shown healed tuberculosis lesions. Curable in the adult, it yields more readily to treatment in childhood, and the chances for recovery are greater where the illness is of recent date. Hence the absolute necessity for tratment upon appearance of the first symptoms, viz., persistent cough, fever, and loss of flesh. After the repeated failures of Koch's lymph, and of all antituberculous serums, the direct destruction of the bacillus in the organism was abandoned; it was proved that this bacillus was only active in favorable media, in organisms weakened by repeated attacks of bronchitis, or suffering from a severe anemia, and physicians gained a clearer idea of the correct treatment of tuberculosis. The object of the treatment may be defined in these terms: to render the organism proof against the invasion of that bacillus and to enable it to repair its waste, restrict tuberculosis lesions and heal them. Such were the results looked for by Mr. Pautauberge, chemist of Paris, when he composed his solution of chlorhydro-phosphate of lime with creosote. Millions of testimonials signed by the most eminent practitioners prove that Pautauberge's solution brings into effect all these rational methods of treating tuberculosis. It has been noticed that tuberculous cachexia is the result of a demineralization of the organism, and in particular of an excessive elimination of phosphates. By means of its chlorhydro-phosphate of lime, a perfectly assimilated sale, Pautauberge's solution compensates for the loss of these phosphates which form part of all the tissues and liquids of the human body. It may be said that chlorhydro-phosphate is a necessity for consumptives. By means of creosote, Pautauberge's solution restricts the inflammatory area; it acts, according to Prof. Jaccoud, on the tuberculous lesions and causes their cure by sclerosis. This progressive evolution of the lesion is manifest by the expectoration, which gradually loses its suppuration and finally disappears. Following the advice of Prof. Bouchard and Dr. Gimbert (of Cannes) Mr. Pautauberge was careful to exhibit his creosote in the form of a strongly

diluted solution, an indispensable condition for its toleration by the digestive tracts and allowing for a lengthy treatment. It is for these reasons that for twenty years Pautauberge solution has conquered and kept the favor of the medical profession, and has become classic in the treatment of tuberculosis. But that is not the limit of its usefulness. It is the chosen remedy of all having a tendency to consumption, for delicate children and those subject to colds, as it builds up the constitution: for anemic patients with cough and all those who still show traces of bronchitis and inflammation of the lungs. It is indicated in convalescence of all affections of the bronchial tubes and lungs, and is the surest remedy for chronic bronchitis, grippe and whooping cough.

PURE MILK FOR CHILDREN

That the death rate among children is highest during the hot months is largely due to improper feeding and the use of impure milk. About 67 per cent of the mortality among children under one year is due to diarrhoea. The death rate is higher in cities than in the country, due in great measure to the fact that it is difficult to obtain pure milk from city dairies. This is particularly true during the summer, when peddled milk is a source of the greatest danger when used for infant feeding. The early morning delivery of milk to city homes consists of the milking of the preceding day. Unless the milk is properly cooled after milking it may contain tyrotoxin, which no amount of pasteurization, sterilization or digestion will overcome. Bacteriological examination of milk supplied to various cities last year showed many samples running as high as eight and ten millions to the c. c.

It is obvious, however, that cow's milk must constitute our main dependence in substitute feeding of infants. Ordinary sterilization does not simplify the problem, as the milk is thus rendered more difficult of digestion; pasteurization is not effective; the large amount of cane sugar in "condensed milk" is almost certain to cause derangement of the stomach and bowels. The solution of the question now seems to point to the use of a class of products commercially known as "evaporated cream." The Highland brand evaporated cream is the original method of preparing milk in this form, and is today the most perfect form of evaporated cream. Highland brand evaporated cream is simply pure, full cream cow's milk, sterilized and evaporated to the consistency of rich cream. It can be modified in the same way as fresh milk, and is absolutely germ free. On account of the special process employed in its evaporation and sterilization, Highland cream is more easily digested than either raw or pasteurized milk.

SUN-PAIN AND OTHER PAIN

In the pain and pyrexia produced by exposure to the rays of the sun, which is common in this country, and particularly in our large cities, during the summer solstice, antikamnia tablets, in addition to cold douches, are the best remedy. Antikamnia tablets reduce temperature by increasing radiation of heat from the body, and diminishing heat prodction. They stimulate the glandular system, particularly the sudorific glands. In many cases their diaphoretic action is phenomenal. They act as an analgesic by obtunding the sensibilities of the vaso-motor and sensory nerves. They seem to tranquilize the ganglionic centers of the whole nervous system and have but slight action on the brain. We mean by this, that they do not stupefy nor produce unconsciousness. They seem to have no disturbing influence on the kidneys. They have a happy effect in nearly all

neurotic troubles and occupy a permanent position in therapeutics. Briefly stated, they are indicated in sun-pain, cephalalgia, neuralgia, attacks of acute rheumatism, sciatica, dysmenorrhoea, irregularities and all painful conditions.

In the treatment of conditions where it is important to exhibit quinine, the action of Antikamnia & Quinine Tablets will be found especially desirable. The antikamnia not only relieves the pain, but prevents any disturbance of the nervous system, so frequent when quinine is given alone.

SAL HEPATICA IN TYPHOID FEVER

The attention of the medical profession is being directed to the use of Sal Hepatica in typhoid fever and inflammatory conditions of the bowels. It appears to be a very safe saline laxative in such affections, being dess obnoxious to the organism than sodium phosphate alone or other salines and is more readily eliminated.

By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, the manufacturers of Sal Hepatica claim a compound is secured that is superlatively more active than either the lithium or sodium salt alone, or, indeed, than any of the natural purgative mineral waters. Recognizing this, the mose eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, with the result that the remedial action of the latter is enhanced, the untoward manifestations accruing reduced to a minimum and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof, in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

Sal Hepatica is the original effervescent saline laxative, hepatic stimulant, uric acid solvent and eliminant of irritating toxins in the alimentary tract. It is manufactured under the direct supervision of J. LeRoy Webber, Ph. G., its originator, and only at the laboratories of Bristol-Myers Co., Manufacturing Chemists, 277-279 Green Ave., Borough of Brooklyn, New York City.

SUMMER DIARRHEA

"A great many physicians begin treatment by removing the irritating substances from the alimentary canal by giving a good dose of castor oil, salts, rhubarb, or, by a plan that is often resorted to and is very popular with some, by giving copious injections.

If the latter plan is adopted, a large amount of water should be used, so that the entire lower bowel can be thoroughly washed. The water that is used should be previously boiled.

I usually add two or three tablespoonfuls of listerine, and I believe that it meets every indication better than any other preparation. There is no doubt in my mind that the antiparasitic and antifermentative preparations are productive of the best results. Of the numerous preparations of this character that are now on the market listerine has by far the largest number of advocates, and I believe from quite a large experience wtih it that it justly deserves the recognition and endorsement that the medical profession has so universally given it. Its therapeutic effects are dependent entirely upon its power to disinfect, so far as it is possible, the alimentary canal."—E. C. Register, M. D., Charlotte, N. C.

Awarded Gold Medal Louisana Purchase Exposition.

The Standard Antiseptic

LISTERINE

Awarded Gold Medal Louisiana Purchase Exposition.

A non-toxic antiseptic of known and definite power, prepared in a form convenient for immediate use, of ready dilution, sightly, pleasant and sufficiently powerful for all purposes of asepis—these are advantages which Listerine embodies.

The success of Listerine is based upon merit, and the best advertisement of Listerine is—Listerine.

LISTERINE DERMATIC SOAP

An antiseptic detergent for use in the antiseptic treatment of diseases of the skin

Listerine "Dermatic" Soap contains the essential antiseptic constitutents of eucalyptus (1 per cent) mentha, gaultheria and thyme, (ea. ½ per cent), which enter into the composition of the well-known antiseptic preparation Listerine, while the quality of excellence of the soap-stock employed as the vehicle for this medication, will be readily apparent when used upon the most delicate skin, and upon the scalp.

Listerine "Dermatic" Soap contains no animal fats, and none but the very best vegetable oils; after its manufacture and before it is "milled" and pressed into cakes, a high percentage of an emollient oil is incorporated with the soap, and the smooth, elastic condition of the skin secured by using Listerine "Dermatic" Soap is largely due to the presence of this ingredient. Unusual care is exercised in the preparation of Listerine "Dermatic" Soap and as the antiseptic constitutents of Listerine are added to the soap after it has received its surplus of unsaponified emollient oil, they retain their peculiar antiseptic virtues and fragrance.

Awarded Gold Medal Louisiana Purchase Exposition.

A sample of Listerine Dermatic Soap may be had upon application to the Manufacturers

LAMBERT PHARMACAL CO. ST. LOUIS, U. S. A.

Awarded Gold Medal Louisiana Purchase Exposition.

NEW X-RAY APPARATUS

Swett & Lewis Company of 18 Boylston street, Boston, Mass., beg to announce to the medical profession that they have just put on the market three new and improved X-ray coils.

The Cyclone portable coil is especially designed for bedside treatment, and weighs about thirty-five pounds. The spark gap is a modification of the one on the Jackson coil, simple and efficient. Perfect regulation is obtained. The X-ray, high frequency, fluroscopic effects are excellent. A picture can be made in a very short time. There are three strengths of current available. The first is very mild, and is for vacuum and other electrode work. The second is stronger and is for X-ray work in skin diseases, etc. The third is very strong, and is for heavy and rapid X-ray work.

This same coil is put up in another form, called the Cyclone desk coil. It is conveniently arranged and may be placed on any desk or table.

Still another form is the Cyclone cabinet coil. This is a very powerful instrument for office work. The cabinet contains commodious drawers, in which tube, fluroroscope, electrodes and other accessories may be placed when not in use. It is an attractive instrument as well as a strong and powerful one.

A new catalogue, giving illustrations and full particulars, will be ready for distribution shortly. Copy will be sent free on request.

ENTERO-COLITIS AND CHOLERA INFANTUM

Antiphlogistine produces results in cholera infantum that can not be obtained in any other way. Pain is reduced, restlessness is soothed and the tossing, moaning patient falls in a quiet restful

sleep. And Why not! A moment's thought will convince you that, since the intestines and possibly the peritoneum are inflamed, an application which so rapidly reduces inflammation in other parts of the body must have a beneficial action here. Consider also that in this case, acting directly upon and reflexly through the solar and hypogastric plexuses, it relieves the shock which is so invariably a serious part of the symptom complex.

Apply hot to the abdomen about one-eighth inch thick and cover with absorbent cotton.

CYSTOGEN LITHIA EFFERVESCENT TABLETS

The many indications for the use of lithia in combination with cystogen have resulted in the preparation of cystogen-lithia effervescent tablets. Physicians will find these tablets of special value in the treatment of many conditions suggesting the addition of lithia as increasing the efficiency of cystogen. In rheumatism, gout, urinary deposits, amoniacal urine, cystitis, etc., cystogen-lithia hastens the excretion of urates and uric acid and prevents the formation of calculus. These tablets are composed of cystogen 3 grains, lithium tartarate 3 grains; usual dose, one to two tablets three or four times daily dissolved in half a glass of water. Samples will be sent to physicians addressing Cystogen Chemical Company, St. Louis, Missouri.

CARBUNCLES

Creel has relied on ecthol given internally, in doses of a teaspoonful, in cases of carbuncles, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen, after this a tonic application of ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—Journal of The American Medical Association.

In the wasting diseases, as well as in rickets, scrofula and marasmus it is of the greatest importance that a remedy be selected which will quickly check the pathological condition, and restore the organism to the normal without producing digestive or other functional disturbances. Cod liver oil has always stood first in the category of remedies calculated to bring about this desirable result, but unfortunately its peculiar odor and taste are features which are quite often objectionable to patients. Hagee's cord. ol. morrhuae comp. is an elegant preparation, containing all the essential therapeutic properties of cod liver oil and combined with tissue building chemicals (hypophosphites of lime and soda) and aromatics, which renders it agreeable to the palate.—American Journal of Dermatology.

Battle & Co., St. Louis, has just issued the 6th of their series of twelve illustrations, of the Intestinal Parasites, and will send them free, to the physicians, on application. They are worth sending for.

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Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 309 August Recorder)

SARCOMA.

Radiotherapy in sarcoma has an established value. So many cases have yielded to this method of treatment in the hands of different men, that enthusiasm can no longer explain the results.

It is a fact that sarcoma tissue is destroyed by the X-ray and replaced by a fatty degeneration, or a connective tissue growth in place of the malignant tissue. Of course it should not be looked upon as a specific in this disease, as it has not proved to me; moreover it should be understood that 90 per cent of all cases of sarcoma treated by X-ray operators were considered both inoperable and hopeless, the X-ray being used simply for its analgesic properties.

This disease should properly be divided into three classes for consideration from an X-ray standpoint. First, as primary cases offering some hope, second, as received following operations, and third, as cases inoperable and hopeless so well known to the profession.

It is among the primary cases that we must look for the greatest value of the X-ray treatment. Many primary cases of sarcoma will yield favorably to the ray treatment if properly applied. In many cases the tumor will disappear and no recurrence take place, and in the great majority of cases the growth is checked, pain relieved, and as far as the patients' feelings are concerned they consider themselves cured after a period of quiescence has been brought about by means of the ray. If irritations of all forms are avoided, it has been known to remain so for at least four years.

Several cases were treated under a mistaken diagnosis, and afterwards were submitted to an operation before the correct diagnosis was obtained. One a very noteworthy case, a patient referred to me by Prof. Wm. E. Morgan suffering from neuroma of the brachial plexus, I treated with the ray, in order to see what the effect would be, as the results of an operation were not contemplated with much satisfaction, involving as it did the possibility

of paralysis of the hand. He was under treatment for three months and only a slight improvement took place, and the skin became so inflamed that it would not tolerate any more ray. Prof. Morgan then operated, and much to his surprise found it had been a sarcoma, but that it had undergone a fatty degeneration for a distance of one and one-half inches, showing only a small amount of the characteristic tissue left. The operation was done over three years ago and no recurrence has taken place, showing that the ray has deprived the remaining tissue of its power to reproduce itself.

Surgeons who have removed a sarcoma that has not been rayed, and seen a recurrence take place within a month nearly twice the size of the one removed, can appreciate the immense help the ray can give them in these cases. This result has been duplicated in several cases I have treated, and makes me believe that no sarcoma should be submitted to an operation until they have been rayed from four to six weeks, for the simple reason that the X-ray deprives the sarcoma cell of its power to reproduce itself, and when this result has been brought about if a foreign mass remains the surgeon can easily remove it, and be assured that no recurrence will take place. This result may be intensified by the simultaneous use of Coley's toxins in connection with the ray. In some unexplained way these toxins ward off the approaching disease, and in many cases seem to cause its disintegration. I have found however that after a certain time has elapsed that the toxin seems to lose its effect and may possibly contribute in no small way to the cachexia that is prone to develop in the latter stages of sarcoma.

I have been very fortunate in attracting a great number and varieties of sarcoma for treatment, but have had very few cases that even a reasonable hope has been entertained about the possibility of a recovery taking place. The great majority of cases presenting themselves have been post-operative cases, with a recurrence beyond all hope, or cases of inoperable sarcoma with a tumor involving a vital organ, or so large that a cure seemed impossible.

It is among the primary cases that I have had my most striking results, and have come to the conclusion that the X-ray has a specific effect upon sarcoma of the soft tissue. I have not treated a case of hopeless sarcoma where pronounced results have not taken place. The disease has been promptly checked and a retrograde process takes place that will progress until a certain point is reached; many times until the complete disappearance of the tumor, and occasionally stopping short of complete absorption. A general improvement in health takes place, and the patient is very much encouraged. I have not found that metastases are hastened by the absorption of the tumor as has been alleged. Many of my cases have recovered so fully that it would be impossible to detect the presence of any trouble having been there, and some have been immune from recurrence for over four years. Although I do not consider time much of a factor, still it is cheering to have trouble postponed as long as possible.

Osteo-sarcoma.—This form of sarcoma offers considerable difficulty in X-ray treatment, as absorption will not take place to any great degree, and at times the texture of the bone has been destroyed and weakened, so that a small amount of violence may be followed by a fracture. An interesting case of this kind took place in my practice that of a young man with an osteo-sarcoma of the humerus, which had been rayed for four months, and one day he was thrown off the street car, receiving a fracture of the diseased member. I

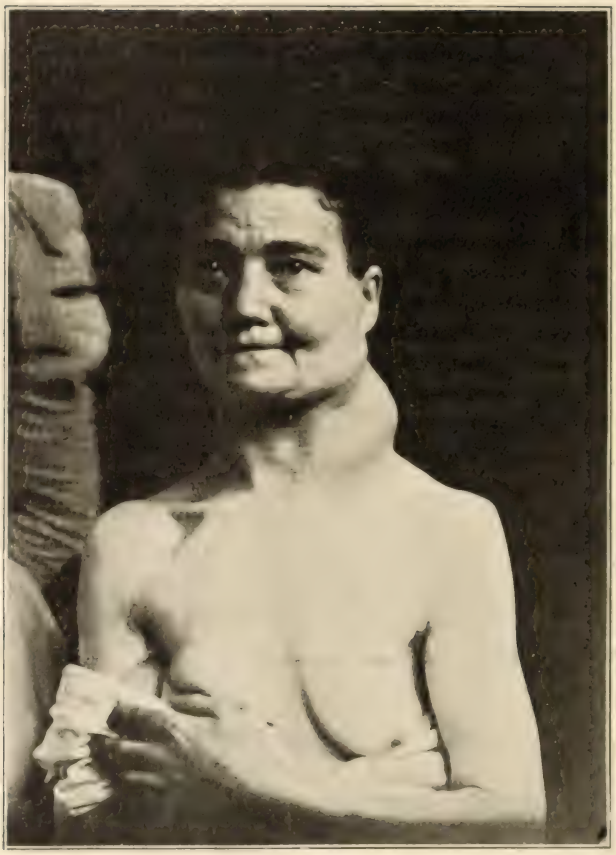
looked upon it as a helpless and hopeless case, not dreaming that a union could be produced under the conditions named. His arm was set in the usual manner, and much to the surprise of all of us a prompt union took place, and what was of more importance, it did not stimulate the sarcoma to increased growth.

I feel satisfied in my own mind that a sarcoma of this kind may have its growth stopped, and by cautious raying that all of the sarcoma tissue gradually will be replaced by connective tissue or undergo a fatty colloid degeneration.

I have observed the amputation of a number of limbs in young people during the last six years; the surgeon taking this desperate step in order to allow the patient to escape with his or her life. Every case has been followed with a fatal recurrence within a very few months. One that I well remember, a beautiful girl 18 years of age, brought up under the most careful and refined surroundings, who developed an osteo-sarcoma of the tibia. She consulted a surgeon and was advised to have the limb amputated above the knee in order to be clear of the diseased tissue, this was done, but within six weeks of the operation the osteo-sarcoma again put in its appearance. The lower leg was separated a turniquette applied so as to prevent any blood from escaping at the operation into the open wound. The wound healed nicely but a recurrence took place in the stump. An immediate operation was done, and the leg amputated at the hip joint. The wound healed kindly but in six weeks it was noticed that she was having increased difficulty in breathing, and it was supposed that an empyema existed, as the left side of the chest was flat. She was brought to the laboratory and a few skiagraphs made of the chest, which confirmed the suspicion that she had a sarcoma of the lung. The course of the disease was very rapid, and she died within four months from the discovery of the trouble. This is only one of a great number that have forced themselves upon my attention since I have been engaged in this work, and only goes to confirm the opinions formed while I was actively engaged in surgical work, that it is a known fact that we cannot either cut out or cut off a sarcoma. That metastases form very early, and all that is required to make them develop is the shock and exhaustion that follows a major surgical operation. Anything that lowers the bodily resistance allows these minute sarcomas to overcome the natural body antagonism and grow.

Post Operative Sarcoma.—This is one of the most malignant and rapidly growing sarcomas that we have had any experience with. A general metastases takes place, and the recurring tumor attains a great size in a few weeks, causing great pain and prostration. The X-ray will not be of any permanent value if not used immediately upon the appearance of the tumor, as after a few weeks the enormous number of metastases and the size of them will develop a degree of prostration not compatible wtih life. Occasionally a number of cases of recurrence do not grow so rapidly. The body offers an effective resistance, and in cases of this kind the X-ray can be relied upon, and it will rarely disappoint the operator. What has been done in this line by others will well pay perusal.

A case was reported by Chas. H. Fessenden, M. D., Neuton Center, Mass., in Archives of Electrology and Radiology July, 1904, of a sarcoma on the lobe of the ear of a young lady. She had two operations but a prompt recurrence took place. There was pain, induration and an oozing present when she came for treatment. Five treatments were given with a high tube tar-

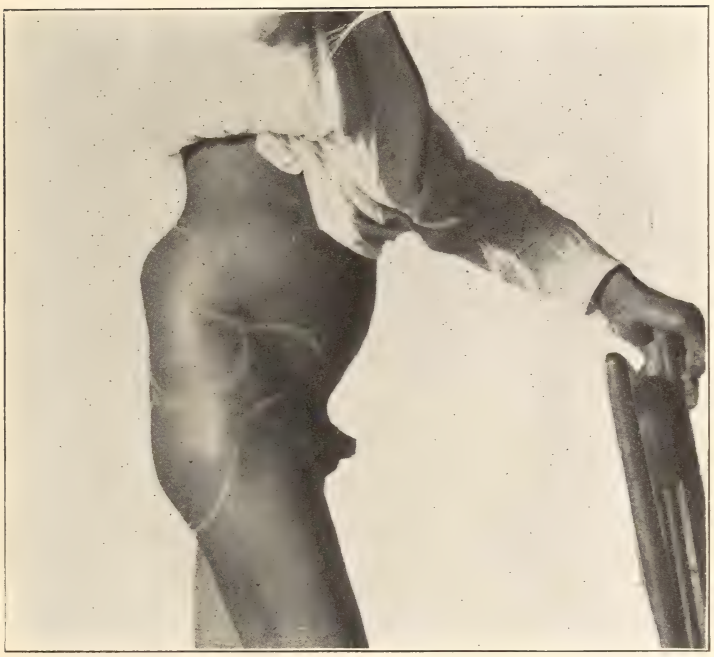


Osteo-Sarcoma, round, celled tumor; disappearing after sixty treatments. Coley's toxin given during last twenty-five treatments. No recurrence in three years.

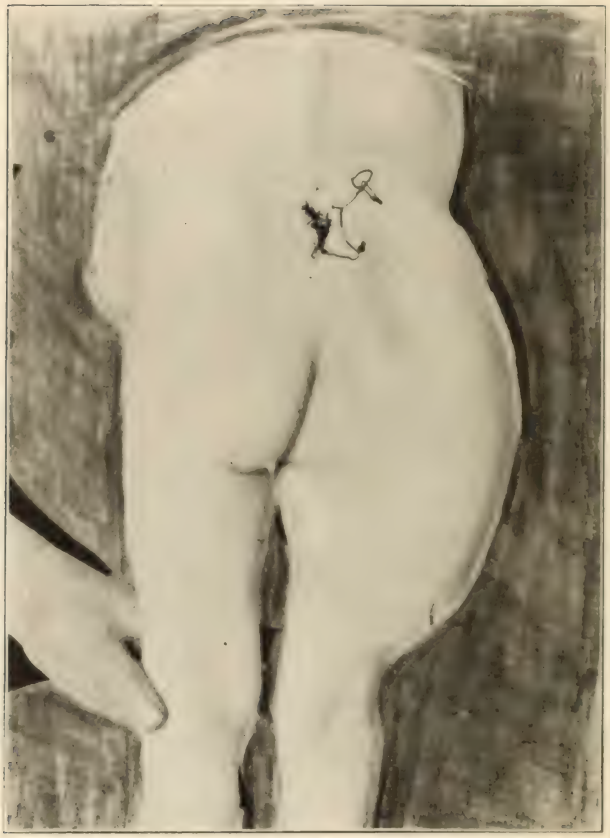
Osteo-Sarcoma of spleen, obstructing vena cava, collateral circulation established on abdomen. Tumor diminished two-thirds in size under X-radiation, pressure not relieved. Still living after five years. Works at the trade of a waiter.

Osteo-Sarcoma of femur; growth in three months. Stopped by X-radiation and diminished one-half. No further growth in three years. No pain or disability.

Osteo-Sarcoma. Forty X-Ray treatments, thirty injections Coly's toxin. Growth stopped; no further advance in three years.



Osteo-Sarcoma under treatment for nine months; growth disappeared completely. No return in four years.



Osteo-Sarcoma, six months' growth. Growth arrested. Child lived two years and died of measles.

Osteo-Sarcoma growth at eight months; shrunk two-thirds in size under X-ray treatment. No metastastes have formed or further growth in four years

Osteo-Sarcoma, four months' growth, checked and diminished one-half under X-radiation. No further growth in the last three years. Received 130 treatments. He is a carpenter and works daily at his trade.

get at one foot, resulting in disappearance of pain and induration, and the scab became dry. She left the city for a year and when she returned reported that all signs had disappeared shortly after she left. Later a slight redness and induration returned which yielded and disappeared after twelve treatments.

E. W. Smith, Jour. Adv. Ther., May, 1904, reports one round cell sarcoma of the cheek, and one round cell sarcoma of the neck. No special details are given, but sarcomas of this kind are usually rapid in their growth.

A large fibro-sarcoma treated by Roentgen radiation, paper read by Clarence E. Skinner, M. D., before the International Congress of Electro Therapeutics. This patient was a post operative case, and had been for several months under Dr. W. B. Coley whose description of the case up to this time can be found on page 767, Vol. XXI. of the 20th Century Practice of Medicine.

The patient has a well marked family history of malignant disease, and had been operated upon three years before for what was regarded as a fibroid tumor of the uterus. Tubes and ovaries were removed at the same time. Two months previous to her calling she had noticed a hard tumor in the lower part of the abdomen involving the cicatrices. There was no pain or discomfort, but a rapid increase in size until a tumor the size of a cocoanut formed, filling up the lower part of the abdomen and the iliac fossa, extending nearly to the umbilicus. The tumor was firmly fixed, and seemed to involve the abdominal wall. An incision was made under cocain and a small section taken out for examination which proved to be fibro-sarcoma.

The toxin tretament was used for ten months, with a reduction in size of about one-half; later on the toxins seemed to have lost their effect and the tumor began to grow again, first slowly, then rapidly, so that by January, 1902, she looked like a pregnant woman. The X-ray treatment was begun January 28, 1902, with a high tube, and a Morton-Winshurst-Holtz Influence machine, having twelve revolving plates; and later by a sixteen plate machine of the same type. The tube was focused first upon one side of the tumor and then upon the other at each seance. She received forty-six applications up to June the fifth, a period of 125 days. The growth increased in one diameter but decreased in another, so as to make it appear irregular. She had several attacks of prostrations accompanied by febrile movements that lasted for several days, probably toxemic in character. Aside from these attacks her general condition was good, and she was constantly gaining in strength, and could walk well. On June the seventh she was sent away for a ten days' vacation, and a marked change took place during her absence, she had a good color in her face, her step was more elastic and the toxemias had left her and she was enjoying better health than she had for many months. The tumor had decreased in size, and she found it necessary to shorten her waistband and the front of her skirt in order to keep it from trailing upon the ground. Treatment was again resumed and up to September 3, 1902, she had received thirty-one radiations. Her strength increased gradually, and the tumor slowly but steadily decreased in size, and she seriously considered the possibility of resuming her occupation as a school teacher, which had been interrupted for over a year. She once more resumed her work and came for treatment each week, which she received every five days until the following April, from this time to September she received a treatment every fifteen days. When clothed the tumor was seemingly lar-

ger. During September an area of necrosis of the size of a silver dollar developed and treatment was suspended for a time. The treatments were continued at intervals of thirty-seven days until May 20, 1904. The patient's weight increased to 147 pounds and the tumor had entirely disappeared.

It seems very unreasonable to deny this method of treatment in favor of uncertain surgical measures, when it can bring about the resolution and disappearance of a tumor this size.

George C. Johnson, M. D., Pittsburg, Penn., reported three cases at the fourteenth annual meeting of the American Electro-Therapeutio Association. All of them were recurrent and very extensive when turned over to him for treatment. One, the father of a physician fifty-six years of age was taken "as he expressed it" with a cramping of the abdominal muscles, and a large number of globular masses became apparent. He suffered great pain, and rapidly became cachetic, upon examination, Dr. Adair found a very extensive growth involving the right rectus muscle and a portion of the left. An operation was decided upon and was performed by Dr. Langfitt. The operation disclosed such extensive involvement of the peritoneum and omentum so as to preclude the possibility of complete extirpation of the growth. The surgeon removed the right rectus muscle and a portion of the left, and such other portions of the growth as seemed possible, in fact so much was taken away that it will be necessary to wear an abdominal supporter the rest of his days. After convalescence he was brought to Dr. Johnson with the request that he do as much as possible to inhibit the growth of the remainder of the tumor that was not removed. Treatment was given daily for two months with a fifteen-inch coil and a vibrating interrupter and ten minutes duration. Great care was exercised to prevent a burn, and the skin was carefully tanned, the pain disappeared, abdominal wall became soft and no evidence of a tumor remained, he gained thirty pounds and his general health is good. He has been examined by a number of surgeons and no evidence of the disease can be found.

Case 2. Miss O., age 42, recurrent sarcoma of the vulva. The patient noticed in 1900 a swelling and tenderness of the pubis following a blow from the corner of a table. The swelling rapidly extended down into the labia majora, the pain became so severe that she was compelled to submit to an examination from her physician. He recognized the trouble and advised its removal which was done by C. B. King, M. D. Six months later the growth returned in the scar, and as the tumor had been proven malignant by the first operation a second operation was done immediately which was followed by relief for several months when the trouble returned with all of its old symptoms, this time charcterized by great rapidity of growth and extension. The surgeon refused to operate and suggested that she take radio-therapetuic treatment, this was undertaken with considerable hesitation owing to the extent of the growth. A fifteen-inch coil with a vibrating interrupter was used, and three treatments a week were given until a mild dermatitis was produced, which was followed by a rest until the skin recovered, when treatment was resumed with a higher tube until they received a severe type of dermatitis. By this time the tumor had completely disappeared and her in excellent health.

Case 3. Mrs. R. referred by Dr. Mercer with a history of three operations for the removal of a growth involving the entire upper chest, the suprasternal notch and the left triangle of the neck up to the insertion of the sterno-cleido-mastoid muscle. Her voice owing to the encroachment upon the

larynx was not above a whisper, she also suffered with dryness of the throat, and a broad collar of ulcerations studded with shallow craters discharging a foul smelling pus remained around the neck and chest which were unquestionably tender. She suffered agony, and was in a pitiable condition. Daily treatments were given with a fifteen-inch coil and a low tube and within two weeks the pain was relieved, discharge had lessened and the odor had disappeared. As soon as granulations appeared the growth on the side of the neck was attacked with a medium tube and a burn of the first degree produced, with the result that the growth broke down under the skin and discharged along the sheaths of the muscles at the opening of the suprasternal notch. The treatment was renewed vigorously and cicatrization took place rapidly and for two years she has been free from any indications of the former trouble, and is enjoying good health.

THERAPY OF RHEUMATISM

By F. C. Drenning, M. D., Duluth, Minnesota.

Read Before St. Louis Co., (Minn.), Medical Society, March 11, 1905.

The therapy of rheumatism embraces a wider field of remedial agents than any other one physical ailment. Paradoxical as it may seem it also has one drug directed at it more continuously than any other one ailment. Every layman has a cure for rheumatism. And it may be anything from angleworm oil to an iron finger ring. But scientifically, if 100 regular physicians were asked for a prescription for a given case of rheumatism it is safe to say that 75 per cent of them would prescribe a salicylate, differing only in the salt selected or mode of administration. The rational treatment of today for combating this ill may be considered under the following arrangement: Drugs, electricity superheated air, diet, climatic changes and massage. Of the drugs the salicylates in some form hold first rank, particularly in the acute forms of rheumatism. Stricker, in 1876, was the first to announce the value of salicylic acid in rheumatism. He discovered this quality in the drug while using it as an antipyretic, and found it not only reduced the fever but also allayed the pain and diminished the swelling in such a remarkable manner as to give it precedent over the alkaline treatment in vogue at that time, and during the succeding years it has steadily increased in popularity. The earlier preparations of salicylic acid were objectionable because of their irritating qualities to the gastric mucous membane and their deleterious effects on the nervous system when taken in sufficient doses to relieve rheumatism; but of late years the effort of the ambitious chemist to prepare a salt that would be tolerated by the sensitive stomach has been admirably successful in strontium salicylate, ammonium salicylate, salophen, salicin, and aspirin. Since the strontium preparations have come into use there has been afforded a choice mode of administering a non-irritating salicylate. It is prescribed in 10 gr. doses in powder, tablet or syr. of orange.

Ammonium salicylate, an older preparation, is selected because it is freely soluble and readily absorbed producing a rapid salicylic action. It is usually prescribed in 10 gr. doses in powder or capsule.

Salophen and aspirin are synthetic salicylates that are not acted upon by the stomach but are split up in the intestines where they are absorbed and render their value as anti-rheumatics. Salicin, another synthetic salicylate, is indicated in heart complications as it produces very little cardiac depression.

The dose is 10 to 15 gr. in powder or capsule.

A popular rheumatic treatment at one time in Mercy Hospital, Chicago, was a combination of salicylic acid and sodium bicarbonate in a watery sol. with the addition of a little glycerine, in this way was produced a fresh sodium salicylate that irritated the stomach very little and had the effect of quickly relieving the pain, lowering the temperature and reducing the swelling of a rheumatic joint.

Potassium iodide is a standard remedy yet in the more chronic forms of rheumatism and together with the vegetable alteratives and sedatives, gelsemium, cimicifuga and colchicum, is frequently used.

Salicylate of colchicum is a popular preparation and convenient way of prescribing colchicum and a salicylate. It is a dark liquid with a wintergreen odor and is dispensed in capsule form. Lithium is an efficient anti-rheumatic agent; especially the natural lithia waters, which should be administered in large quantities to get the best results. The artificial lithia waters may be made from some of the numerous citrate of lithia tablets on the market. However, the artificial waters have little comparison in effect with the natural waters.

Phenacetine, acetanilid, codeine and morphine deserve no place as anti-rheumatics and should not be used except in cases of extreme pain and then for short intervals only.

For topical application to take the place of the wintergreen ointments and liniments we have a new remedy in mesotan. It is an ester of salicylic acid, a clear, yellowish fluid easily soluble in alcohol, ether or oils and is rapidly absorbed by the skin. A few hours after its application salicylic acid reaction may be obtained from the urine. It is usually mixed with 2 to 3 parts of olive oil and applied to the affected part with a camel's hair brush; there follows a slight sensation of warmth and hyperaemia but no pain or irritation or unpleasantness of any kind. It is indicated in the mialgias, lumbago and in acute inflammatory and articular affections where for any reason we wish to avoid the stomach route.

Electricity is every day assuming a larger part in the physician's armamentarium, and one of the diseases it is not infrequently used in is rheumatism.

At the first annual meeting of the American Electro-Therapeutic Association held in Philadelphia in 1891, Dr. W. F. Robinson of Albany, New York, reported excellent results from the use of electricity in articular rheumatism. This treatment was commented on by the medical press as a novelty at that time, yet today there is scarcely a physician who cannot attest to the value of electricity in articular and all other forms of rheumaism. The action of electricity in rheumatism is a two-fold one: First, it acts as a tonic to build up the debilitated system; second, it has a specific action on the morbid process. The static breeze or induced current is particularly indicated in the milder forms of rheumatism, mialgia, lumbago, stiff-neck and the vague and wandering pains of a rheumatic nature. It affords marked relief to pain and does not require the removal of the clothing to be administered. The Faradic current is used in muscular rheumatism with either the metal or sponge electrode; the positive pole over the seat of trouble and the negative pole at a not far distant place. A good procedure is to use the moist roller electrode over the seat of affection and gently pass the roller over the surface; in this manner we get not only the benefit of the electric current but the effect of massage as well. Neiswanger recommends cataphoresis in articular rheumatism in the following manner: A large sponge electrode

is saturated with a solution of one of the salts of lithium and made to envelope the joint, the positive pole is attached to it and the negative pole is attached to some indifferent point and 20 milliamperes used for 10 minutes daily. Instead of the salts of lithium sodium bicarbonate or chloroform may be used.

Superheated air. Hot air in the treatment of rheumatism is highly extolled by certain investigators. A dry hot air at a temperature of anywhere from body heat to 450 degrees F. is used; usually from 300 to 400 degrees Fahrenheit. The modus operandi is as follows: The affected part—which may be anything from a hand to the entire body—is wrapped in heavy towelling and placed in an air-tight cylinder lined with asbestos. Heat is directed into the chamber from below by means of gas, gasoline or alcohol lamp or electricity. A vent hole in the top allows the escape of damp air or noxious vapors. The heat is continued till a temperature of 300 to 400 degrees F. is reached which may be kept up for several hours. The body temperature does not arise above 102 F. during this procedure; this physiologists explain to us by saying that with the increased temperature there is an increased activity of the sweat glands moistening the surface keeping the temperature of the body down. The beneficial action of the superheated air lies in the active sweat glands carrying off some of the uric acid; the increased action of the blood vessels and lymphatics claiming the remainder of curative effect.

Diet. In regard to diet in rheumatism, it has not been proven that any particular food has an influence in the production of the disease; but the course of the trouble is materially influenced by certain foods. For instance the use of sugars, starches, red meats, and malt liquors prolong an attack or a return to their use too soon after an acute attack will precipitate a relapse. In actue rheumatism the diet should be restricted to the use of peptonized foods, milk and broths of chicken, clam or vegetable. To control the thirst, which is often a pronounced symptom, the patient may be given acidulated drinks of phosphoric acid or lemonade and the various mineral waters. In the more chronic forms, white meats and farinaceous foods may be used more freely.

Climatic changes are usually suggested after drug treatment has failed. The change recommended is from the cold, damp localities to the dry warmer climates. Where a patient's physical and financial condition will permit of it this is probably the most beneficial of all rheumatic treatments. The change of air, the change of scene, the change of temperature, the change of food, all contribute to act beneficially on the disease directly and as a tonic for the nervous system generally.

Massage is only mentioned to say that it is a regrettable fact that this form of treatment is not resorted to more frequently by the regular practitioner. His objection to its use is popularity among the irregulars. In the more chronic forms of rheumatism it is of undoubted value by increasing the circulation of the lymphatics and blood-vessels in an affected part and used in conjunction with anti-rheumatics and electricity gives good results and is a treatment that is very agreeable to the sufferer.

FOR MALARIA

℞ Compound tinc. of iodine. ʒij.
Fowler's solution . . . . . ʒj.

M. Sig. Dose 10 or 15 drops after each meal.

℞ Compound tinc. of iodine. ʒiij.
Carbolic acid . . . . . ʒj.

M. Sig. Dose four drops every four hours in water.

J. A. Burnett, M. D.

APOCYNIN

By John M. Shaller, M. D., Denver, Colorado.

Apocynin is a wonderfully effective resinoid, with digitalis-like action, but without its cumulative effect. It is a gastric and heart tonic without producing derangement of the stomach or interfering with the appetite. Apocynin, then, has certain advantages over digitalis besides that of having equal efficacy as a heart-tonic and diuretic. It produces physiological effects within twenty-four hours, while digitalis takes several days.

Case No. 1. Bright's disease in young man, 24 years old. Legs, abdominal wall and scrotum greatly edematous. Pulse 90, feeble; urine albuminous, eight ounces per day; dyspnea marked; edematous rales in lungs; veins in neck pulsating strongly. Six granules of apocynin, gr. 1-2 each, every three hours.

After taking the granules for twenty-four hours, the urine had increased in quantity to two pints; next day to six, and then to ten pints. Amount varied between six and ten pints until edema disappeared. Pulse was reduced to 60. Bowels had been constipated but, on second day of taking apocynin, three to four very copious, soft stools were produced. No return of edema. Apocynin was the only remedy given.

Case No. 2. Lady, aged 70 years. Edema of feet and ankles each evening after being up all day. Pulse 80 but markedly feeble.

Three apocynin granules every three hours prevented edema and effected a cure within two weeks.

Physiological action. Apocynin, through the vasomotor system, produces contraction of the arterioles and secondarily increases the propelling power of the heart by increasing the blood-pressure. The rise of the blood-pressure in the kidneys greatly increases the flow of urine, which relieves the edema.

Apocynin stimulates biliary and intestinal secretion and in this way produces catharsis.

You are certainly not doing justice to your edematous patients—to those of feeble heart-action—unless you give them a course of apocynin—particularly when the usual remedies have failed.

Dose: Two to six granules, gr. 1-2 each, may be given every two or three hours until some decided improvement is manifest. Reduce the dose when the heart becomes strong.

In conjunction with apocynin, nuclein, arsenic and strychnine may be given. These should be given after apocynin is withdrawn and continued for several weeks.

The "Triple Arsenates with Nuclein," tablet (Abbott's), is a very effective reconstructant in such cases. Return to apocynin if the heart becomes feeble, urine scanty or edema returns.

In selecting medicines always use those which produce opposite conditions to those which exist.

Apocynin should be given where the pulse is feeble and irregular, the blood-pressure low (as evinced by scanty, albuminous urine), or edema exists. Apocynin almost certainly cures or relieves when it is given to patients who present conditons similar to the above. It cures, because it restores normal conditons by strengthening the heart-action and increasing the blood-pressure.

In this connection it might be well to call attention to the fact that in many cases of anasarca and ascites the preliminary exhibition of elaterin (or a good preparation of elaterium) will be desirable. The action of all fluid preparations of apocynum is uncertain, the plant containing apocynin and apocynein. To the latter Stevens attributes the diuretic action, terming

apocynin "an indifferent resinous principle." As a matter of fact, apocynin when given in proper doses and in well-selected cases exerts all the therapeutic action that could be secured from this drug. While apocynin acts, in a way, similarly to digitalis (the combined alkaloids), it does not resemble digitalin, but in some respects and more nearly, digitoxin.

It is often difficult to set up peristaltic activity in marked ascitic cases and here elaterium is indicated. At the same time it is wise to strengthen the weakened and overtaxed heart-muscle by exhibiting cactin, in effective dosage (gr. 1-67 every four hours).

Elaterium, gr. 1-16, should be given every hour for three or more doses, menthol, capsicin or piperine accompanying to prevent the griping effect of the drug. One hour after the last dose one dram of sodium sulphate or magnesia sulphate should be given in eight ounces of hot water, and as soon as the watery stools which follow begin to lessen in number and amount apocynin should be given; the dosage of course, must to a great extent depend upon conditions. One to two granules as a rule every two hours for the first day, and then every three or four hours, will prove sufficient. Violent action is not desired, as more or less depression is the result; but with care immense amounts of serum may be drained off without setting up gastric irritation or emesis. If the latter occurs give smaller doses at longer intervals with one or two drops of ol. menth. pip., or ol. caryophyllum.

Apocynin decidedly aids oxygenation of the blood and thus strengthens the nervous system. Its action upon the lymphatic and glandular systems is not understood, but it is probable that its effect here is most pronounced. The drug is not cumulative, acts in marked harmony with cactin, and may be given for long periods with benefit. It will be noted that as the peculiar stools occur, the rhythm of the pulse becomes more regular, arterial tension is raised, and the patient feels a marked sense of improvement. Dyspnea disappears, partly from reduction of the ascitic fluid when present, but also from the direct action of the drug on the respiratory centers. Apocynin should be used when digitalin, strophanthin, convallamarin and sparteine have failed, and it is perhaps our most positive weapon in all dropsies, hydropericardium, renal inflammation (with edema) and hydrocephalus. In some anemias it may be given (with iron) in small doses with advantage, and in many passive hemorrhages—especially uterine—it gives good results. This drug has also a most undoubted remedial action in some intractable cases of sciatica and lumbago. It must be given here in full doses and in alternation with uric acid eliminants and solvents.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 319 August Recorder.)

SURGERY OF THE BILE PASSAGES.

But a brief summary of the surgery of the bile passages can be considered in a serial article on general surgery as this subject has been so extensively discussed as to make a complete review of it a matter of hundreds of pages. General practitioners need not feel that the surgery of the gall bladder should be avoided by them as in this work it is particularly easy to avoid the complicated cases and to refer them to men of extended experience. In many surgical conditions the best diagnosti-

cian after a most careful and painstaking examination may be unable to say whether operative interference is likely or unlikely to be fraught with particular difficulty or danger. The practitioner when he operates must always have in view the fact that his cases are coming from a single locality and that an untoward result, a fatality may materially damage his practice. If the case is one in which the possibilities of losing the patient are fairly great or where the probability of complete cure is slight, it may be advisable from a business standpoint for the practitioner to turn the case over to a surgeon even though the practitioner is absolutely certain that he can operate as well as any surgeon in the world. Indiscretion in selecting surgical cases on the part of a general practitioner can do more to abort his surgical and general advancement than anything else. Very few practitioners can afford to operate on a case unless they have every reason to expect a successful outcome or unless they are very firmly established in their locality, or perhaps it might be in the face of a surgical emergency such as acute appendicitis, meningeal hemorrhage or tubal pregnancy. As I have previously stated gall bladder surgery comes within the class of work which may be successfully attacked by the practitioner to his advantage as in rare instances only should he meet with complications which he has not had reason to suspect during his first examination of the patient. Common duct surgery should be avoided by the practitioner. The attack upon the common duct requires a more extensive incision, more assistance, drainage from deep in the abdomen and the patient suffering from such a condition is in a much less favorable physical condition than those not suffering such a condition, that the practitioner should avoid such operations in the great majority of cases. In many of the cases of common duct obstruction the technical difficulties are not particularly great where the surgeon is in a position to deal with them boldly, yet nevertheless, the prognosis in these cases as a class is hardly such as to justify surgical interference by the practitioner if his own business welfare is not to be disregarded. In the face of conditions which do not permit of the placing of a condition of this kind in the hands of a specialist and the failure of the practitioner to operate will mean no operation, these personal factors will be disregarded by every conscientious practitioner yet at the present day, surgeons are so widely distributed over the country that it is seldom impossible to refer a case to one and a patient is seldom so situated that in the face of necessity he cannot be placed under the care of a skilled surgeon no matter what his financial state may be.

Previous to the development of the surgery of the abdomen the conditions accompanying gall stones and gall bladder infections were not understood nearly as well as they are at the present day. Gall bladder diseases had been given considerable attention on the part of the pathologists, the character of the stones, their composition and other physical factors had been described, but the opinion prevailed that gall bladder disease meant gall stones and that gall stones meant previous gall stone colic. We now realize after a number of years of study in the living subject, that gall bladder and duct affections are not necessarily due to gall stones but rather that this condition may precede the development of gall stones. We today often meet a case where we are ready to positively recommend drainage of the gall bladder, yet where we are very doubtful whether or not stones are present. Some years ago when we saw a patient under thirty we were prone to exclude gall bladder disease in view of the fact that post mortems seldom re-

vealed gall stones in the person under this age, but now we know that many patients suffer gastro-intestinal conditions which favor the development of gall bladder infections during the early years of adult life, and we not infrequently meet cases where we do not expect to find gall stones, yet hope to do much good by drainage or the removal of an infected gall bladder.

Before the development of gall bladder surgery the hope of the profession was to find a means of ridding one of gall stones after their development. Gall bladder study in the living leads us to expect the greatest advances will be toward recognizing and curing the conditions which lead up to the development of chronic infections of the bile passages and the development of calculi. After the development of the calculi we have little fear that internal treatment will ever prove as satisfactory as the surgical.

(To be Continued.)

THE SOCIAL COWARD

By C. E. Boynton, B. S., M. D., Los Banos, California.

This is the man or woman who dislikes to confer with another for fear that such company will hurt his or her standing or business.

Once I heard a big "respectable" man remark that "such people were not of his set."

When weak silly women and luxury pampered dudes and parasites enter the close communion of the "400" and fear to look at those outside that charming circle we may excuse them. But when men and women of education, doctors, lawyers, etc., think, they must walk a chalk line socially or starve. God pity them.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

APPENDICITIS

In attempting to draw any just conclusions in regard to the necessity of operating in any and all cases of appendicitis it might be well to take a retrospective view of the treatment of that disease prior to the days of operative procedures. Twenty-seven years ago when I commenced the practice of medicine what is now diagnosed as appendicitis, perityphilitis, &c., were all classed as peritonitis, or inflammation of the bowels. During my student days I had seen two cases in young men, both of which recovered after a long and tedious convalescence. In the early days of my practice I met with a few of these cases but can recall but two fatalities from anything that might, under the present methods of diagnosis, be classed as appendicitis. These cases both occurred in pregnant women and both resulted fatally. And strange as it may seem to the modern surgeon, or others who imagine that every case of that disease will necessarily result fatally unless operated upon, I have to confess that with one exception these were the only cases of fatal acute appendicitis I have ever seen. The exception was the case of a young lady in which the abdominal pain and tenderness had been mistaken for the results of delayed menstruation until there was but little hope of a favorable result, even though an operation should be performed. This patient was oper-

ated on but died the next day. From 1892 to 1902 I treated, practically, all the cases of disease in this neighborhood, and during that time I did not see a single case of any inflammatory disease of the bowels that needed surgical interference and none died from either peritonitis or any thing that could be diagnosed as appendicitis.

In one case of chronic appendicitis in which I was confident pus had formed I advised an operation. This the patient refused and finally got well, the pus becoming encysted and presumably, absorbed.

My usual treatment for a case of incipient appendicitis may be outlined as in the following case: Last winter I was called to see Mrs. C. with pain, swelling and soreness at McBurney's point; temperature 102°, and bowels constipated. Diagnosed appendicitis and prescribed the following treatment: Sufficient epsom salts to clear the bowels thoroughly (?) and at the same time one-fourth grain of codein with three grains of acetanilid every two or three hours as needed to keep the patient comfortable; I insist on compresses, hot as can be borne, over the region of soreness. When the soreness subsides and the temperature declines to the normal I prescribe iodide of potash with the compound syrup of sarsaparilla and keep the field of McBurney's point well painted with tincture of iodine until all soreness has disappeared. No food is allowed for the first forty-eight hours and then only milk, not more than a tablespoonful at a time, every two or three hours, the amount being increased as the patient is able to bear it. While I believe that with this or some similar treatment the large majority of appendicitis patients will recover without an operation I also believe in the good old rule that when pus has once formed it should be evacuated. For this reason I always inform my patients of the possible necessity of an operation and have them prepared for such an emergency. However my observations in regard to those who have been operated on have not fully convinced me that more patients recover after surgical treatment for this disease than would probably recover from medical treatment alone.

J. W. Lockhart, M. D.
St. John, Wash.

ERGOT

Great diversity of opinion exists on the composition of ergot about which nothing is settled.

The dose of the fluid extract of ergot is from 10 to 120 minims according to the effect desired.

Ergot has but little if any influence upon the nervous system. The circulation is influenced by ergot. It causes rise of arterial pressure when given in medicinal doses. The uterus is considerably influenced by ergot. It causes uterine contraction by stimulating the centers in the lumbar vertebra. Acute poisoning by ergot causes gastro-intestinal irritation, nausea, vomiting, colic, thirst, difficult micturation, purging, restlessness, headache, delirium and coldness.

Chronic ergotism occurs in two forms, convulsive and gangrenous. In the convulsive form there are spasms of the flexor muscles, the uterus and the muscles of respiration. In the gangrenous forms there is coldness and numbness of the limbs and formication of the skin over the entire body.

Ergot is of much value to arrest uterine hemorrhages provided it is given in time. In some instances its action is too slow to be depended upon. When it is used to control uterine hemorrhages it should be given when the head of the child is about to slip over the perineum and it should be given in large doses, about one or two drachms, and this dose can be repeated. Ergot

should never be given in the early stages of labor and at no other time unless the os uteri is dilated. It is the custom of some obstetricians to prescribe ergot in all cases of labor but such practice is empirical and harmful and should be discouraged.

In diseases of the intestinal canal ergot is often of value. In chronic diarrhoea and dysentery it is often very serviceable. It is more adapted to cases which succeed the acute form and is not so serviceable in chronic diarrhoea of warm climates which has developed slowly without any preliminary acute symptoms.

Ergot should be used in affections of the mucous membranes when characterized by large vessels. In cases of bleeding hemorrhoids when the sphincter ani is relaxed ergot is of value. In dilated cavities of enlarged heart ergot works well with digitalis. In cases of aneurisms ergot is our best drug remedy. In recurrent mania and chronic mania ergot has been used with success.

Congestive forms of migraine are usually benefited by the use of ergot.

Ergot is said to be our best remedy in epidemic cerebro-spinal meningitis.

In malarial districts ergot is used in cases of enlarged spleen. It has long been used with success in numerous cases of malaria. It is a favorite remedy with some physicians for malaria in pregnant women and is said to be more safe than quinine.

Congestive dysmenorrhoea and amenorrhoea dependent on plethora have been cured by ergot. Spermatorrhoea when due to plethora can be cured by ergot.

Good results have been obtained by the use of ergot in acute inflammation of the conjunctiva in blepharitis and in the phlyctenular ophthalmia of children.

There are various other conditions in which ergot has been used with success.

J. A. Burnett, M. D.
Pauline, Arkansas.

E PLURIBUS UNUM OR A COUNTRY DOCTOR IN W. VIRGINIA

The guests were assembled in the little dancing-room of Dogtown Here Dr. Kimble was amusing his listeners by his wonderful anecdotes and remarkable stories, in which he was rarely gifted.

Dr. Kimble was a man between forty and fifty years of age, of tall stature, and blessed with an abdomen, whose fat never vanished; his eyes were always red and sleepy from the steady use of large quantities of "cocktail." He evidently never cared very much about fashion, for he was always seen wearing an old, shabby suit of clothes, which apparently had formerly had a yellow color.

Although he was actively engaged in practicing medicine, he pursued many other trades, such as swapping horses, buying and selling houses, and dealing in gas, oil and drugs. From these he realized great profits, especially from the latter, since all the women of the village were his customers. He was in great favor with castoria, swamp-root, liquozone, and several other patent medicines, and recommended them strongly.

All the people liked Dr. Kimble, especially the country ladies, for he never hesitated to visit a patient, be it night or day, rain or shine. He handled his patients very gently, and never allowed them to suffer a moment, but promptly relieved them by great doses of morphine. He sympathized with them in their joys and sorrows, and when one died, which of course did not occur rarely, he consoled the relatives

and friends of the deceased by quoting these strong lines of Gray:

"The boast of heraldry, the pomp of power,
All that beauty, that wealth e'er gave,
Awaite alike the inevitable hour;
The paths of glory lead but to the grave."

These true and tender lines had a good effect upon his customers, for people usually forget their own sorrows when they see that all the world is suffering, and that all have to reach the same end in this valley of tears. No one understood the above lines better than did Dr. Kimble, for he had seen many a friendly face consigned to the grave.

When he rode past the cemetery by moonlight, and the graves looked so ghastly, he would reflect and think how many that slumbered there he had known, and he would say to himself: "Here under this stone lies Robert Higgins whom I used to treat for consumption with a barrel of whiskey, and hundreds of bottles of the "New Golden Medical Discovery," but finally died—with a cancer of the stomach. There under that stone lies John Malcolm who died at twenty, and whom a brain-tumor, supposed to have been worms, suddenly carried off. Verily, there is no better library for a doctor than the cemetery."

No person in the village, the barber and blacksmith not excepted, studied and thought so much as Dr. Kimble. He had to think what remedy to give Mary Stone for "fits", how he could induce Simon Rae to sell him his gray mare, and how to sell Williams' house for a thousand dollars, etc.

He would never ask himself the question: For whom do I work? Or for what do I work? For he had no children, and was quite rich. He just went ahead with his practice for his neighbors' sake, who could not miss him or suffer him to retire. The name Kimble was associated with them from "time out of mind," and they could not imagine a "Doc" whose name was not Kimble. To them Kimble was as natural a name for a doctor as Wilson for a school master. Besides, he was so perfectly intimate with their various troubles, that he knew just what medicine to give, how much, and when, even without any examination.

Yet with all these thoughts and troubles Dr. Kimble never neglected to visit the dancing-room of his thriving village, and very often led Miss Gooseberry or the honorable Mrs. Largemouth to a polka.

M. Leox, M. D.
Mannigton, W. Virginia.

UTERINE DISEASES

Mosquitoes shed more blood than tigers. It is equally true that little aches and ailments cause more suffering than more serious diseases because of the former's greater prevalence. It is surprising to note the number of women suffering from subacute and chronic endometritis, cervical ulceration, vaginitis, etc., all having for a prominent symptom that unesthetic condition known as leucorrhea, to say nothing of irregular menstruation and the multitudinous reflex pains.

Endometritis being the one most often met these few remarks will be confined to a consideration of that condition. In curing an abnormal endometrium a great many conditions dependent thereon readily disappear, e. g., leucorrhea.

The old-time method of applying strong caustics to the uterine cavity is found to have been productive of harmful results. The mucous membrane of no other part of the body would be subjected to such irritating treatment. Ulcerations and erosions have followed their devitalizing effects upon the

endometrum. The strictures resulting from caustic injections in gonorrhea have also been object lessons along this line.

Curettement when indicated and properly performed is an ideal procedure, but in careless hands the uterus is often given a "peeling" that almost balks nature's attempt to repair the damage done. Whether curettement be performed or not a local astringent treatment should be carried out. Nearly all cases will in time yield to astringents if persistently used. Every woman requiring treatment should have impressed upon her mind the idea that regular and untiring efforts will bring good results. If the following be carefully followed for a period of a few weeks nearly every case will respond to treatment:

Regulate the bowels and kidney functions. If anaemia exists a tonic, such as the four chlorides or a ferruginous tonic, will do great good. Once a day use as a vaginal douche a pint of warm water to which has been added a pinch of salt. Follow this by an injection of one quart of hot water to which has been added four ounces of white pinus canadensis. Twice a week insert at night a wool tampon saturated with a mixture of two parts pinus canadensis and one part pure glycerine. Follow next morning with the douches named above. After congestion or inflammation has subsided the tampons may be discontinued, but the douches should be continued. After each menstrual flow has ceased there should be made once a day for two or three days an intra-uterine application of the pinus canadensis (white) and glycerine, equal parts, by means of a cotton-wrapped applicator. In severe cases the pinus canadensis may be applied full strength. Where the os is patulous, the tissues boggy and the womb heavy with tendency toward prolapse, surprising results are often obtained by occasionally inserting at night a piece of alum the size of a grain of corn.

Intra-uterine medication will, as a rule, be more effective when applied by means of an applicator well wrapped with cotton. Any application thus made should be left in situ for a short time.

If the doctor will insist upon these simple measures being carried out rigidly he will find much good resulting therefrom, and he will incidentally pick up many little fees that would perhaps otherwise sooner or later swell the till of the gynaecological surgeon.

W. T. Marrs, M. D.

Jewett, Ill.

FAITH

Mrs. M. imbued with small faith in doctors has malaria and calls upon a competent physician for treatment. She thinks it is not much use. She has had several chills coming on alternate days. She has one on the day following the use of the medicine and her faith in doctor and medicine is a negative quantity. She knows in two days she will have another chill but takes the medicine to prove that it is worthless. In two days she gets up in the morning and begins to expect the chill and she looks discouraged and she knows she will have it.

Folks tell her how bad she looks and sure enough she feels the chill coming on. Soon she gets to bed and her "nerves" go through the "chill habit." She stops taking medicine regularly but spitefully takes a dose now and then. At last she sees an ad or a neighbor tell her about Dr. Blowhard's cure for chills, coughs, cancers and consumptions. She gets a bottle. There is faith in her heart now. She knows she will get well and there are no more chills. The dope contains alcohol, aromatics or cathartic and costs the manufacturer 10c a pint. Yet it cures (?)."

C. E. Boynton, M. D.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE DUCTLESS GLANDS.

Investigations by chemists and physiologists during late years have given much light upon a formerly obscure subject, the functions of the ductless glands and their secretions.

Organs whose uses formed the subject of fanciful guesses are now understood to be of the greatest importance in sustaining life and combatting disease. In the center stand the suprarenals. Starting with the discovery in 1895 of a blood pressure raising principle in them, it was found that they controlled to a great extent the functional activity of the thyroid gland, which in turn stimulates the pituitary body and this again, through the cervico-thoracic ganglia of the sympathetic, the splanchnics and the solar plexus, governs the activity of the adrenals. Thus we have a complete circle, called by Sajous in his book on the internal secretions "the adrenal system."

The adrenals secret a colloid, hyaline fluid which leaves the organs through the suprarenal vein and is mixed with the plasma of the venous blood in the inferior vena cava. It imparts to the plasma a marked affinity for oxygen, so that the oxidation of the blood in the lungs takes place with vigor. Only part of the oxygen from the oxidizing substance is absorbed by the red corpuscles, the balance is left in the blood plasma and is the factor to which the oxidation processes are due which take place in the blood stream. The normal function of the suprarenals is interfered with, where there is absence of the thyroid gland or impairment of its secretion, and as a result insufficient oxidation of the body takes place, causing a state of cretinism or myxedema. On the other hand, when the function of the thyroid is increased abnormally, either by pathological conditions or artificial feeding with thyroid extract, then the activity of the suprarenals is overstimulated, abnormal oxidation results and a state of disease known as exophthalmos.

When poisons of any kind, mineral, vegetable or bacterial toxins, enter the body, then the activity of the adrenal system is increased, resulting in secretion of the oxidizing principle sent into the blood from the adrenals beyond the need of normal oxidation, its surplus going to the oxidation and destruction of the invaders. This second, defensive function of the adrenal secretion is under the direct control of the pituitary body, which, once a puzzle to the physiologist and at one time thought the seat of the soul, is found to be extremely sensitive to the influence of toxins. The bactericidal power of bloodserum is no longer a mere theory, but a recognized scientific fact. It is now shown to depend in a large measure on the adrenal system.

The study of the ductless glands and the internal secretions is as yet in its beginnings. It has already furnished us new ideas of the forces maintaining cardiac activity, respiration and general cellular oxidation and stands in a fair way of finally solving the question of immunity.

EARLY DIAGNOSIS OF TUBERCULOSIS.

The question frequently confronts the physician whether he should, as soon as he either discovers in a patient or has valid grounds for suspecting in him a developing tuberculosis, tell this to the patient. It must at present be answered in the affirmative without any

hesitation. When a diagnosis of consumption was equivalent to a death sentence, the physician might well have hesitated to pronounce it. Now we know that tuberculosis is curable in its early stages. But the patient's cooperation is essential for the success of treatment and it must be based on an intelligent appreciation by him of his condition.

Deaths from tuberculosis still number 14 per cent of the entire death rate. As it is known from autopsy statistics that a majoriy of all persons, indeed according to the German teaching every person had at one time a tuberculosis which became cured or latent, there is ample reason to believe that the remaining death rate of 14 per cent can be reduced. The essential is early diagnosis by the physician. Unfortunately many medical men, still under the old ban of the fear of consumption, are too slow to recognize the disease in its earliest manifestations, deceive themselves and their unfortunate patients by ascribing their illness to a variety of causes such as "colds" or "digestive trouble" and wait for the development of the typical physical signs and the demonstration of the bacilli by the microscope. Tubercle bacilli cannot appear in the sputum, until one or more tubercular foci have broken down and their contents discharged into a bronchus. When the disease has reached that stage, then the patient's chances for recovery are greatly lessened and besides he becomes a source of danger to his surroundings.

In every case of invasion of the human system by tubercle bacilli there is a first stage during which the disease can be arrested with comparative ease. It is during this stage that the patient consults his physician for malaise, digestive disturbances, bronchitis, pleurisy, recurring colds, loss of weight, perhaps night sweats and slight fever. It is then when suspicion should be aroused and the most searching examination made. There is likely to be increased secretion of bronchial mucus with more or less frequent short cough and often a dull pain behind the sternum, caused by involvement of the glands in the mediastinum. Careful percussion may elicit dullness. Change of voice occurs very commonly and hoarseness, sometimes only temporary and again profound and lasting, also due to pressure by enlarged glands. Auscultation made at this period will almost without fail disclose areas of fine crepitation, a catarrh, usually in one or the other apex, associated with a slight depression above the clavicle and perhaps defective respiratory movement of some part of the chest-wall. The rate between inspiration and expiration should be noted carefully, for retarded expiration is a very significant symptom. A habitual rise of temperature in the afternoon, no matter how slight, is almost pathognomonic of early tuberculosis. The thermometer must be used daily and often several times a day to help clear the diagnosis. A tubercular family history is of value only so far as it indicates a hereditary lack of constitutional vigor and consequent easy vulnerability. But the personal history of the patient, his surroundings, occupation and mode of life are of the utmost importance. A story of numerous and tenacious colds, repeated attacks of so-called pleurisy, frequent coughs, digestive irregularities with loss of flesh points unmistakably to tubercular infections. Aid is to be gotten from the microscope, for, although the specific bacilli are not yet found in the sputum, the presence of elastic fibres in it proves a valuable indication. In addition recourse may be had to the tuberculin test. While it has fallen into general disfavor, it is still used a good deal for diagnostic purposes by leading men, such as Osler,

(Continued on Page 365.)

THE WISCONSIN MEDICAL RECORDER

PUBLISHED BY

J. P. THORNE, M. D.

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Letters, Case Reports and Questions are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 SEPTEMBER, 1905 No. 9

EDITORIAL NOTES

One hundred thirty-five deaths have been reported from tetanus as result of this year's Fourth of July celebration.

Dr. C. C. Miller will continue in next months Recorder the surgery of the gall passages and the article will have some good illustrations.

We have a limited supply of copies of all the issues of The Recorder for this year. If any of our subscribers have failed to receive any copies we shall be glad to know it and to supply the missing numbers.

Almost without exception every city has some unsanitary school houses. This should not be as the future welfare of the nation depends upon the health of the children of today. Education at the expense of health is a poor investment.

The newspapers have recently reported several instances of women receiving broken legs as the result of wearing shoes with high heels. In starting to go down stairs the high heels caught throwing the wearers to the bottom.

We are now making an unusually good club offer of The Cosmopolitan, The American Illustrated Magazine, The Recorder and 1,000 premium labels. This club offer and the premium labels are given only with subscriptions paid in advance.

Dr. G. G. Burdick's articles on the X-ray treatment of disease are increasing in interest and value. These illustrated articles will be continued each month until the subject has been thoroughly covered. Dr. Burdick is now preparing some valuable articles entirely different from anything yet published.

The newspapers have just published lengthy accounts of a poker game played on an ocean steamer by four leading business men of the United States, in which one won $90,000. This is a fine example for successful financiers to set for young men who look up to them and admire them for their business success. If one of the employees of any of these men should borrow a little money from the firm's cash and lose it playing poker he would be sent to the penitentiary.

THE DELLS OF WISCONSIN

Instead of going to some distant place in search of beautiful and wonderful scenery we decided this year to spend our vacation in Wisconsin. We are all apt to overlook the beautiful scenery near home, the same as we are apt to forget our own pleasant surroundings and see the good things around someone else.. Wisconsin is a state studded with beautiful lakes and sparkling with the prettiest of rivers. The country is pretty and fertile and the inhabitants of its rolling lands are prosperous. Nature has with a lavish hand given Wisconsin beauty, rich land and mineral wealth.

A genial friend and his wife accompanied the editor and wife on this trip through our home state. Complete relief from business and professional cares and good company make a trip of this kind a pleasure which lightens the routine of daily work for many weeks after.

A place of special interest which we visited was the Dells of Wisconsin and we believe many of our readers will be interested in a glimpse at them. For four or five miles above the town of Kilbourne and the same distance below these peculiar formations extend on the Wisconsin river. They consist of rocky formations rising from fifty to seventy-five feet above the surface of the water. These rock walls in some places are perpendicular and in others they take on curious shapes—as the eagle's beak, the devil's arm-chair, chimney rock, steamboat rock, the navy, the pulpit, the devil's stairway, etc. In the Lower Dells are many detached rocks standing in the water in various odd shapes—the sugar bowl, lone rock, the inkstand, the jardiniere, etc. Small caves are found at different points along the river which just admit a small boat.

High Rock

Lone Rock

Chimney Rock

The Upper Dells above Kilbourne are reached by large steamers and the Lower Dells by small boats. The ride on the large steamer through the Upper Dells is delightful. The Upper Dells are entered through a narrow place called the Jaws of the Dells with Romance Cliff, seventy-five feet high, on one side, and High Rock, ninety-feet high, on the other. The steamer then passes through a succession of beautiful and wonderful formations of rock. Especially noteworthy is the Navy Yard, which consists of rocks of the exact shape of the prows of vessels and the observer could well imagine a navy tied up there. At several places leading back from the river are interesting canyons. Cold Water Canyon extends back through the hills for four miles. At places its rock walls are precipitous and bare and at others covered with beautiful ferns and wild flowers. The Witch's Gulch is a similar canyon about a mile long, which receives its name from a rock found like a witch's head, at the entrance of the canon. A small stream of water runs through this canyon but it is planked over so visitors can pass through. The canyons are but a few feet wide, varying at different points.

The Navy Yard

In the Dells every view the eye falls on is a picture. The dark water of the river is swift and full of eddies, above the water stretch the rocky walls which make the place famous and above them rise the pretty hills covered with verdure. Birch, pine, cedar and oak trees abound and add to the beauty of the landscape. To the geologist these formations of rock tell a wonderful story of the work of many ages—volcanic action and the effects of the powerful force of water.

For a summer outing a visit to the Dells is very satisfactory. Summer hotels are plenty and guides, with boats, are numerous, so that rest and pleasure can be combined.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners, by Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. With the collaboration of William Osler, M. D., John H. Musser, M. D., James Stewart, M. D., John B. Murphy, M. D., A. MacPhedron, M. D., Thos. M. Rotch, M. D., John G. Clark, M. D., J. W. Ballantyne, M. D., James J. Walsh, M. D., John Harold, M. D., Edmund Landolt, M. D., Richard Kretz, M. D., etc. Illustrated in Colors and Black and White. Pages, 310. Price, Cloth, $2.00. J. B. Lippincott Co., Philadelphia.

The latest issue of Internaional Clinics is before us with its usual abundance of good articles on the latest in practice. We can call attention to only a few leading features of the volume. "Seasickness" is an interesting article, by Dr. A. L. Benedict, with special reference to its pathogeny. A lengthy and important article is "The Diagnosis of Incipient Thoracic Tuberculosis," by Dr. R. N. Wilson, of Philadelphia. The early diagnosis of tuberculosis is very important and this article gives the best methods for making the diagnosis. E. M. Corner, M. B., F. R. C. S., surgeon to St. Thomas' Hospital, London, furnishes an illustrated article "The Pathology and Treatment of Hernias of Children and their Relation to Similar Conditions in the Adult." Shortly before his death Dr. Thos. H. Manley, of New York, contributed an article, which is published in this volume, entitled "Clinical Notes on Intracapsular Fractures and Dislocations at the Hip-joint." "The Use of Scopolamin as a General Anesthetic in Surgery," by Felix Ferrier, of Paris, will be read with interest by all. He believes that for many cases scopolamin is a valuable anesthetic.

Other articles of special interest and value are: "The Rational Therapy of Uterine Displacements," by Dr. C. D. Palmer, of Cincinnati; "The Clinical Significance of Exophthalmos," by Mary Buchanan, M. D., of Philadelphia; "The Anatomy, Physiology, and Pathology of the Chromaffin System, with Special Reference to Addison's Disease and Status Thymicus," by Joseph Wiesel, M. D., of Vienna.; "Acute Purulent Generalized Meningitis," by Drs. Lermoyez and Bellin, otologists to the Paris hospitals; "The Treatment of Acute Nephritis in Childhood," by Dr. John L. Morse, of Boston.

HANDBOOK OF ANATOMY. Being a Complete Compend of Anatomy, Including the Anatomy of the Viscera and Numerous Tables, by James K. Young, M. D., Professor of Orthopaedic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopaedic Surgery, Woman's Medical College of Pennsylvania; Instructor in Orthopaedic Surgery, University of Pennsylvania; Fellow of the College of Physicians of Philadelphia; Fellow of the Philadelphia Academy of Surgery; Fellow of the American Orthopaedic Association; Member

of the American Medical Association, etc. Second edition, revised and enlarged. With 171 engravings, some in colors. Crown Octavo, 404 Pages, Extra Flexible Cloth, rounded corners, $1.50 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

While Gray's Anatomy, or some other large work on the subject, is a necessity to every medical student and practitioner, yet on account of the voluminousness of the large work, something smaller is almost as essential for quick reference. Such a work is Young's Anatomy as it gives enough to be a good working guide but is condensed so that accurate information may be quickly obtained. The book is a deservedly popular one and this new edition will find many purchasers. The author states that Gray and Morris have been frequently consulted so that the book can be used with either. The practitioner will find especially satisfactory the sections on the viscera, special senses, vascular system, the nervous system and surgical anatomy. Special attention has been given to the anatomy of the brain and nervous system, which will compare favorably with the descriptions in larger works. The many illustrations in the volume are excellent and add greatly to its value.

THE PHARMACOPOEIA OF THE UNITED STATES OF AMERICA. Eighth Decennial Revision. By Authority of the United States Pharmacopoeial Convention, Held at Washington, A. D., 1900. Revised by the Committee of Revision and Published by the Board of Trustees. Official from September 1, 1905. Pages, 692. Cloth. P. Blakiston's Son & Co., Agents, Philadelphia.

The appearance of a new edition of the United States Pharmacopoeia is a matter of considerable importance to the medical profession. This edition is issued under the direction of Joseph P. Remington, Ph. M., of Philadelphia, chairman of the committee on revision. The volume should receive the careful attention of the profession as it introduces a number of changes. In order to establish uniform standards for potent remedies an international conference was held in Brussels in September, 1902. The recommendations of this conference which were accepted have made a number of changes in our United States Pharmacopoeia. A uniform strength for tinctures was adopted —ten per cent for tinctures of potent drugs and twenty per cent for other tinctures. Tincture of aconite is now ten per cent instead of thirty-five per cent as in the previous Pharmacopoeia. Tincture of veratrum is now ten per cent instead of forty per cent as in the old pharmacopoeia.. Tincture strophanthus has been increased from five per cent to ten per cent. A number of changes have been made in official names of remedies. Many new remedies have been added and old ones dropped. The volume contains a large amount of valuable information and should be studied by physicians.

BOOK NOTES

The September number of the American Illustrated Magazine, for 30 years Leslie's Monthly, sets a standard which for many sided interest it would be hard to beat. The leading article is the first of Charles H. Caffin's series, "The Story of American Painting," and is beautifully illustrated with portraits. Robert Mayhew has a capital personality sketch of George Westinghouse, and Henry K. Webster has two articles, one on "Lords of Our Streets," and the other on the Carnegie hero fund. James T. Williams, Jr., writes

on "Conscience Money," and Annie Payson Call contributes her usual paper on "Every Day Living." A very interesting page is furnished by Creswell Maclaughlin under the caption "Sentiments of the School Master." The fiction of the month is excellent. For $2.20 we send the American Illustrated Magazine, Cosmopolitan, The Recorder, one year, and 1,000 premium labels.

McClure's has always something that compels attention, something immediate and significant that is important to all Americans. The September number has an illuminating study of commercial piracy, the first half of Miss Tarbell's study of Kansas Oil War, and an excursion into the marvels of modern biology, "Prolonging the Prime of Life," by A. E. McFarlane, which is an authoritative account of the discoveries of a group of scientists who have determined that old age is a disease. Color printing has never achieved more perfect results than in the eight full-page reproductions of Lungren's paintings of the Grand Canyon of the Colorado, which accompany William Allen White's description of the wonders "On Bright Angel Trail," a bit of descriptive writing which may well take place with the classics of our language. The number contains a great variety of fiction.

Comparison of the City of Today with the City of the Future is a cheerful exercise. And plenty of material for the comparison is offered in the September Everybody's. There is the intensely modern biography of James R. Keene, the great Wall Street magician, whose contests with Jay Gould and with "Standard Oil" are brilliantly described by Mr. Lawson in a particularly absorbing instalment of his "Frenzied Finance." Perhaps a no less amazing financial genius is that of Mrs. Ella Rawls Reader, the attractive young woman who handles millions as coolly as dominoes, and who just escaped being dictator of a republic. Juliet Wilbor Tompkins has studied the wonderful woman financier at close range, and begins, in this issue, her authentic history of Mrs. Reader's career. On the other hand, there is that striking forecast of the City of the Future, in Vance Thompson's story of the "Veeruit" of the Flemish city of Ghent, that wonderful league of men and women whose beginning lay in the cooperative baking of a loaf of bread. Some fascinating bits of history are told in John Swain's illustrated story of that great highway of the Southwest, the Natchez Trace. In Ellen Terry's delightful article on "The Greenroom" is pictured the theater of a passing generation, whlie the material of future actors is entertainingly discussed in Hartley Davis's story of "The Traveling Players."

The September number of Lippincott's is fiction-full. Its opening noveltte, "The Fortress," comes from the pen of an ex-war correspondent, Will Levington Comfort, who tells a tale of love amid stirring scenes around Port Arthur. An American girl, reporter for a metropolitan newspaper, shares the story's stage-center with two American men and a Russian captain. The girl—one of the pluckiest and prettiest of her sex—succeeds in entering Port Arthur just before the harbor is closed. Her experiences there, while her lover is moving heaven and earth to effect his release; the vital, but not long-drawn-out, war scenes; the escape and jubilant return to the metropolis with a splendid "scoop" for her paper, make an unforgettable story, which the author may be proud to have produced. Some of the short stories are: "How William Got His Fling," by Ella Middleton Tybout. An Irishman's clever trick in the contracting business is di-

vulged by Birdsall Jackson in his sketch entitled "Monahan's Incroachmint." "The Justification of Cap'n Orrin," by William Forster Brown, strikes a temperance note in an amusing way. "Jacko's Angel," by Jean Pardee-Clark, a pathetic tale of a little bootblack and a musician, is placed at Atlantic City. Alfred Stoddart, "How Jones Got His Revenge." The two papers of the month are "Anacrap'," by Maud Howe, a characteristically charming travel sketch, and "Decorative Plants," from the authoritative voices of Eben E. Rexford.

There has been a very noticeable improvement in The Cosmopolitan of late and it is especailly apparent in the September issue. The editorial of the month is, "When I am Dictator," by Edwin Markham. "Two Russian Heroines," by Clarence Stetson, is an illustrated article of unusual interest, about two young women who served in the Russian army during the war. "Artificial Creation of Life," is an illustrated artcle by G. P. Serviss which every reader of The Recorder will be interested in, as it presents a splendid account of the latest laboratory experiments of Loeb in America and Burke in England. Mr. Serviss spent some time recently with Dr. Loeb at the biological laboratory of the Leland Stanford, Jr., University, California, gathering the material for this article. "Highest of All Explosives" is an illustrated article, by Paul Briere, telling about the terrible explosive, Shimose, which has contributed largely to Japanese success, and its inventor, Dr. Shimose. An interesting scientific article is on the eclipse of the sun by Edgar L. Larkin and W. B. Kaempffert. "The Outsider" is a short article characteristic of its author, Elbert Hubbard. "Gold of the Burning Desert," by Winifred Block, telling of the quick riches wrested from the dead gulches of Bullfrog, Goldfield and Tonopah, in the arid wastes of Nevada. "Fourfooted Policeman" is about the use of the dog as a limb of the law in Belgium. The number contains other articles, good fiction and many illustrations. There is a good dollar's worth of reading in this one number. For $2.20 we send The Cosmopolitan, The American Illustrated Magazine, The Recorder, all one year, and 1,000 premium labels. This is the best club offer we have ever made and we advise our readers to improve it while the offer is open.

RUNDSCHAU

(Continued from Page 357.)

who stated at the recent British Congress on Tubercluosis that he regarded the old form of tuberculin as a safe and efficient diagnostic agent which he used in his routine practice at the Johns Hopkins Hospital.

When a patient presents himself with all these symptoms or a majority of them the physician has certainly reasonable grounds for assuming a beginning of tuberculosis. It is his duty to warn his patient and institute at once a course of treatment in accordance with the present state of science.

ANOTHER SAMPLE OF MEDICAL ENGLISH

In an exchange, speaking of the physician's duties as expert witness in injury trials and relating various cases, we find this: "While lying on her back, the company's agent offered her $33 in settlement." What cruelty to lie on the back of a poor injured woman! Also, what a curious and wholly unnecessary position to assume for the transaction of business! No wonder the woman refused the generous offer. Or have we merely another example of good English perpetrated by one of the new, high-grade State Journals? It was taken from one of them, this time an eastern one.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

According to the Portland newspapers the doctors spent more money in Portland while the American Medical Association was in session, than was spent by any other convention which met there. Physicians are not trying to carry their money with them to the next world.

A feature of the American Illustrated Magazine for September is a series of colored photographs taken above the clouds and showing scenes undreamed of by most travelers. The cloud masses with the mountain peaks thrust above them like islands give the appearance for all the world of a sea scene. One of the photographs, taken at daybreak, 14,000 feet above the sea level, might well illustrate the dawn of creation as told in the first chapter of Genesis.

P. Blakiston's Son & Co., announce the forthcoming publication of "A Manual and Atlas of Orthopedic Surgery," by Dr. James K. Young, Professor of Orthopedic Surgery, Philadelphia Polyclinic, etc. We believe that this work is destined to occupy a very important place in medical literature. It is to be a quarto in size, of about 900 pages, and will contain upwards of 800 illustrations. A definite price for the complete work has not yet been fixed, but all advance orders received will be filled so soon as the book is ready, at $10 for cloth binding, and $12 for half-morocco binding. The advance pages which we have received indicate that it will be an unusually valuable work. The numerous plates which will illustrate the book will be remarkably fine.

Dr. John A. Wyeth, of New York City, in the Journal of the Am Med. Association, reports a case of esophogotomy for the removal of false teeth. After the operation it was necessary to resort to colon alimentation, upon which subject the doctor makes some instructive remarks. In conclusion he says:

I have used Fairchild's panopepton in rectal feeding with much satisfaction. It should be diluted in two or three parts of lukewram water, or preferably, normal salt solution.

If it be desired to employ whey, it can be combined wtih panopepton at times as follows: Put one pint of cold fresh milk in a clean saucepan and heat it to not over 100 F. Add two tablespoonfuls of essence of pepsin and stir just enough to mix. Let it stand until firmly jellied, then beat with a fork until it is finely divided, and strain. Warm to the proper temperature and inject without dilution. Panopeton and whey may be used in conjunction by adding three parts of whey to one of panopepton.

Panopepton and peptonized milk may be used by mixing one tablespoonful of panopepton with two or three of peptonized milk prepared by the warm process. Mix the panopepton and peptonized milk when required for use.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

SUCCESSFUL HOME TREATMENT OF CONSUMPTION

The wise man who parts with his wisdom to benefit humanity does not expect any credit for his efforts in their behalf. If he did he would surely be disappointed. It is a part of his wisdom that he can be content with the joy of doing good, of seeing the scattered seed coming up, sooner or later, the harvest for which he has toiled will be ready. For a number of years the writer has advocated the rational treatment of consumption. Has believed it is a disease the result of malnutrition. Has advocated the fresh air treatment only such remedies as promote digestion and assimilation.

At length the increasing peril from the great white plague has driven the profession to adopt common-sense views of the etiology and treatment of the disease.

Dr. H. P. Loomis of Cornell Medical College says:

"If an epidemic would visit New York and you should read that one hundred new cases were developing every day, and that thirty persons were dying every day from the disease, you would become alarmed and many persons would become so apprehensive that they would leave the city. Yet this is what is happening every day in regard to consumption. The report of the New York Board of Health tells us that 10,000 die yearly in the city from consumption. This is one-seventh of the total number of deaths, and represents twenty-seven deaths daily from this disease."

After having by the employment of all modern methods made an early diagnosis of consumption then what are we to do with these unfortuante patients? Are we to simply inform them that they have phthisis and that the only prospect of a cure is a change of climate? There is no question but that a properly selected climate is a valuable adjunct in the treatment of this dreaded disease, but a large percentage of our patients are from financial or other special reasons, denied the privilege of this important aid. What are we then to do with these cases? It has always seemed to me that there is a rational method of home treatment of these cases. Every one will agree that the treatment of consumption should commence just as soon as the first symptoms appear, a slight cough mostly in the morning, night sweats, loss of appetite, flesh and strength, and pain in the chest or under the clavicle should start the patient towards a doctor's office. When a case presents itself to me for treatment the first thing I do I give him a little talk, tell him he is in a very bad condition but that I think he can be helped if he will take a complete rest and have a lot of patience, next tell him he must stay out of doors all the time, sleeping in a tent or on the piazza. If he sleeps in the house the windows should be up so the fresh air can circulate freely. The patient should be protected by proper clothing and the feet kept warm and dry.

In regard to the medicinal treatment we have to meet the indications as we find them in each case. But as an all around general medicine, one that is applicable in all stages of consumption

and the pre-tubercular state nothing gives more benefit than calicolo an excellent preparation prepared by The Butler Positive Treatment Co. of San Diego, California. When this remedy is given one of the first points noticed is a marked improvement in the appetite. The increased ingestion of nutriment soon causes increase of bodily weight and strength. The fits of coughing become less violent, expectoration gets easier and less abundant. The sleep is less disturbed and more refreshing. The night sweats disappear and the fever diminishes. The physical signs will show marked improvement of the lungs. Dullness disappears rapidly. In short we see a rapid improvement from the beginning of the treatment.

This preparation does not contain any morphine, heroin, opium, chloral, or any narcotics. Therefore being safe to give to children or the debilitated patient.

Physicians who have not tried this remedy should give it a trial and see for themselves its true merit.—F. M. Wilks, M. D.

INTESTINAL DISORDERS

At this period of the year we are called upon to consider carefully the application of therapeutic measures to be adopted in the treatment of disease of the gastro-intestinal tract. Conditions met in these cases have a marked degree of similarity, due primarily to a faulty or altered secretion of intestinal juices, and secondarily through errors of diet, etc. The contents of the bowel are found to be made up of a fermenting mass of decomposed food, broken down mucous membrane, together with fluids of intensely acid reaction loaded with pathogenic bacteria. The logical treatment indicated would call for a prompt removal of the source of infection and the restoration of normal secretion.

A prominent practitioner in the south, whose wide experience justifies authority, recently embodied in a paper the following statement: "In diseases of the intestinal tract in children or adults,, whatever the diagnosis may be, we always trace the origin of the trouble to a want of alkalines to correct an excess of acidity during the digestive process." This is of deep interest to us as it gives the key to the marked results following the administration of the alkaline antiseptic, glyco-thymoline, which not only corrects existing hyperacidity with its concomitant symptoms, but causes by its exosmotic property a rapid depletion of the engorged membrane and a stimulation of the glandular system to normality, whereby the proper amount of alkaline fluids will be secreted. There it is well to remember that glyco-thymoline not only corrects the effects of disease but aims to reestablish those processes of digestion and assimilation which are wanting.

In severe case sof cholera infantum, dysentery, ileo-colitis, etc., the solution should be administered as a colon flush, using a 10 per cent solution of about 100 F. This treatment combined with ℥i to ℥ii doses per orem serves to rapidly eliminate all toxins, promote an aseptic condition of the bowel and to encourage what is most needed—the secretion of normal alkalines.

ELONGATION OF THE UVULA

As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

For tamponing Kennedy's Dark Pinus Canadensis is preferred my many.

Awarded **Gold Medal** Louisana Purchase Exposition.

The Standard Antiseptic

LISTERINE

Awarded **Gold Medal** Louisiana Purchase Exposition.

A non-toxic antiseptic of known and definite power, prepared in a form convenient for immediate use, of ready dilution, sightly, pleasant and sufficiently powerful for all purposes of asepis—these are advantages which Listerine embodies.

The success of Listerine is based upon merit, and the best advertisement of Listerine is—Listerine.

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An antiseptic detergent for use in the antiseptic treatment of diseases of the skin

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We call the attention of our readers to the advertisement of the Locke Adder, which will be found in this issue. This is a little machine which one can carry in his breast pocket, for addition, subtraction, multiplication and division. It has been upon the market for only a short time, but is already in use all over the world. The manufacturers claim that its use will effect an immense saving in time, labor and mental strain, besides insuring accuracy in the work, and have hundreds of testimonials on file, from people in all classs of business. The price prepaid in the U. S. is only $5.00 or $10.00, according to the style desired.

❧ ❧ ❧

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We call the attention of our readers to the ad. of the Locke Adjustable Table, which will be found in this issue. This is a simple and inexpensive article with a wide range of convenience and usefulness. It can be used with a stand or attached to a chair, table, bed, or almost any article of furniture. It is universally adjustable, with a ball and socket joint, and in other ways. The price is from $3.00 to $5.00 f. o. b. Chicago. A booklet containing 25 illustrations will be sent free by the manufacturers.

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Hysteria is the expression of one form of nervous debility. Celerina is thus peculiarly indicated because of its tonic effect on the whole nervous system.

The Wisconsin Medical Recorder

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Leading Original Articles

NERVOUS DYSPEPSIA

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

Physicians have had to deal with this exasperating condition for many years with more or less success.

This condition is the outgrowth of our modern civilization, the increase in the number of our brain workers, together with incorrect methods of life, the hurry and bustle that is seen upon every hand, the bolting of cold, improper food, to say nothing of the ingestion of enormous quantities of analine dyes used to give the proper color to food stock offered for sale upon the market, making it practically impossible to buy any canned goods at the present time that do not contain analine color or some preservative.

All these conditions combined have brought to the medical man a great problem; he is conscious that he has to deal with a case of indigestion, and further, that a process of fermentation takes place, and that the food, instead of being hurried into peptones, forms leucomains in large quantities, causing distress and a condition of unnatural excitement; many of these cases progress to the stage where alcohol is formed in large quantities, and the friends of the patient are at a loss to account for his erratic actions, it being possible that much of the misery among some of our educated people may be due to the laboratory product formed in their stomachs.

Pathologically we have a dilated stomach, more or less gas, due to fermentation present, absolute motor insufficiency, and the irritable, irascible temperament; these sufferers are invariably pessimists, and can rarely see good in anything. If alcoholic fermentation predominates, due to the presence of the yeast germ from poorly baked bread, the patient may do the most erratic things, frequently leaving his home and family, and decamping with some female to parts unknown. At times, to my own knowledge, his mental condition has led him within the shadow of the penitentiary.

All of these cases have consulted all of the physicians within range, and have only been given some of the various forms of ferments, while careful analysis of the stomach showed the presence of too much pepsin, as well as plenty of hydrochloric acid, so that

all the conditions seemed to be present for proper digestion except motion.

A careful analysis of a great many cases that have come to me in years past, seem to all prove motor insufficiency as the disturbing factor, and this can only be produced by two conditions, either there must be obstruction to the pyloris, or it may depend upon the nerve supply. It is found in practice that in eighty per cent of cases that the latter is at fault.

This discovery was accidentally made while treating patients for other conditions. A woman that had suffered for several years with the most aggravated form of nervous dyspepsia, and had submitted to lavage, and other forms of stomach gymnastics, without relief, was treated in my laboratory for adhesions following laparotomy. I was using an alternating sine current for the occasion, giving an electrical massage with this current, and after my purpose was accomplished the treatment was stopped, much to the patient's distress, as she claimed that it had given her the only relief she had experienced for several years, with her stomach. I became interested, and passed the current through the epigastric region, with the electrodes placed above and below the stomach, using about thirty-five milliamperes, for about five minutes daily, giving immediate relief; and while the treatment was continued for six weeks before it was considered safe to stop it, no re-occurrence has taken place in the last four years. Advice upon the right way of living, in regard to the mental and physical exercises; the practice of deep breathing, calisthenic exercises and an extremely slow process of eating were prescribed with the result that the patient is in perfect health as long as she follows the straight and narrow path of life. Excesses of all kinds are speedily punished, however, and will be as long as the patient lives.

This condition is the result of years of abuse of this excellent organ, the stomach, bringing about a condition of neuritis of the terminal filiments of the pneumo-gastric nerves, making them irritable, and preventing them from controlling the process of digestion. The alternating sine current, passing through this part of the body, brings about more or less disassociation of molecules, breaking down feeble cells, stimulates secretion and brings about a contraction of all the voluntary and involuntary muscular fibers, and by causing these contractions rhythmetically, hypertrophy of the muscles occurs as would be the case if gymnastic exercises were used with the voluntary muscles; the great amount of current used causes motion within all the cells between the electrodes, resulting in an increased blood supply, and giving a better tone to the stomach. It is remarkable the great amount of immediate relief that is experienced.

I wondered as to whether the relief noted was merely incidental to the treatment or whether the treatment brought about the relief; I was induced to send for several patients with the old trouble that I had met in my general practice, and who had gone the round and had been given up as incurable cases. I succeeded in finding four, and induced them to try the treatment, to see if the effect would be the same; and immediate relief was had by all that were treated, and eventually a cure took place in all except one case where it was necessary to prolong the treatment for three months. I made the mistake of giving too much treatment, in his case, in the beginning, and had to contend with considerable muscular soreness, due to the violent contractions set up by the current.

The apparatus to give this current consists of a small rotating transformer, using distilled water as a variable resistance, which may be operated by

either an electric motor or clock work, and is connected to any good wall plate, using the shunt upon the plate to guage the strength of the current administered. Good results may also be obtained by a rheotome upon a wall plate and giving a succession of shocks, but the effect is not so pronounced or lasting as when the alternating current is used, as the direct current is more prone to produce electrolysis, and is more superficial in its action, while it disturbs the relationship of the alkali and acid radicles within the cell. The alternating current extends its force in the form of motion, does not disturb the neutral action of the cells, and is very much more pleasing to the patient. After a successful result has been obtained by this method the voluntary muscles are brought into play, until as good control is obtained in their use as can be had with the arms. After a certain amount of practice, the stomach can be picked up between the abdominal wall and diaphragm, and the contents squeezed into the duodenum. This can be done at will, as the patient may desire.

ABDOMINAL SURGERY — CELIOTOMY

By Drs. Pennebaker and Tripp, Pleasant Hill, Ky.

The peritoneum, in common with serous membranes generally, prevents visceral friction; it possesses great powers of absorption and in some of its parts of digestion. From eight to ten times the weight of the body can be absorbed in an hour and in the region of the pillars of the diaphragm where the lacteal glands are most numerous and active, materials are readily taken up and assimilated. But this is only true of the healthy peritoneum and of the membrane possessed of all its anatomical parts. With an uninjured and healthy peritenoum almost any abdominal operation may be undertaken; one of the principal factors of success in abdominal surgery will be the treatment of this membrane and the care with which we preserve its anatomic integrity. For reasons already adduced this applies with especial force to operations in the region of the diaphragm; as a matter of fact such operations are attended with a higher mortality than those in the lower abdomen or pelvis (Dr. Ostrom).

The symptomatology of celiaca is often complicated, as organs are at times displaced and thus originate symptoms at points more or less distant from their normal seat. Prolapse of the abdominal viscera cannot always be considered as the etiology of these symptoms complex, since it has often been observed that in individuals having almost complete eventration, a parieto-visceral prolapse, they have never exhibited dyspeptic or nervous symptoms. Such conditions are always to be considered as difficulties in the way of rapid and simple operation. Diagnosis in grave abdominal disease is simply impossible if the patient is narcotized; also operative treatment is dangerous and difficult. It does not add to the too slender chances of success if liquids have been poured into a perforated stomach, or if the intestines have been started into furious action by iced fluids drank or paralyzed by morphine injections.

Conservatism is desirable to prevent the indiscriminate application of abdominal section in cases of injury; if performed while the patient is in collapse the result is almost invariably fatal. This applies to all intra-peritoneal injuries endangering life, the exploration of the abdominal cavity in penetrating wounds and traumatic rupture of the abdominal contents without external wound.

Before deciding upon a laparotomy, the medico-legal aspect of the operation

should be considered. The charges to juries have been that gross neglect or gross ignorance, or both, must be shown on the part of the prosecution beyond a reasonable doubt before conviction can be had.

Celiotomy today is, in skillful hands, a recognized operation; there are certain conditions of disease or accident which can be treated successfully only by this surgical procedure. The responsibility lies with the patient or patient's friends after concurrence of indications and diagnosis by consultation; they should be informed of the dangers as they exist unrelieved and also the gravity of the operation and its risks. They should likewise be impressed with the fact that in the event of untoward results the surgeon must not be blamed.

Certain cases of collapse, often fatal, which follow abdominal section are not accompanied by symptoms of peritonitis. Prolonged exposure of the intestine may cause disturbance of the circulation in its walls ending in venous stasis and serous infiltration with the ultimate formation of ecchymoses. In this country, surgeons are careful to prevent prolapse of the intestines during operation; coils which adhere to a tumor and which cannot be at once separated, are carefully covered with a moist, warm and aseptic dressing; as soon as the bleeding coils are separated from the tumor they are secured and carefully replaced.

Shock may be caused by pain or fright, a perforated stomach with diffusion of contents, peri-appendicular abscess, the rupture of a tubal pregnancy, etc. Shock after abdominal operation is a powerful irritation of the great sympathetic, causing an anemia of the brain and heart and lowering of the body temperature; or it may be due to loss of blood from defective hemostasis. The same effects are produced by suddenly removing large tumors, producing hemorrhage into the large veins.

Anemia of the brain is prevented by operating in the Trendelenberg position. This position should not be made use of however unless there be urgent need; first, because it increases the danger from the anesthetic, and prevents one of the principal methods of resuscitation from deep chloroform narcosis, viz.: lowering the head. Second, because there is considerable danger from secondary hemorrhage; the elevation of the hips forces the blood towards the upper portion of the trunk and oozing from small vessels in broken adhesions does not take place until the patient is again placed in the dorsal position. Dr. H. C. Coe, in the N. Y. Polyclinic, cites two cases in which the patients came near bleeding to death from this accident. In favor of the position, the surgeon has a view of the pelvic viscera not to be obtained otherwise, and further, the intestines do not get out of the abdomen with the same facility as with the patient in the dorsal posture.

Anemia of the heart is combated by having the arteries well filled before the operation, and by filling the abdomen with normal salt solution during the operation or the rectum afterward. Strychnine administered for several days before operation keeps the intestines contracted and stimulates the badly filled heart.

By way of preparing for celiotomy, the abdominal wall is to be made aseptic by keeping a germicidal dressing on for at least twelve hours before making the incisions; the skin and pubes should be shaved in order to remove all lanugo and dermal hair as well as dead epithelium. The integument is cleaned in the usual manner with soap and water and the operation field rubbed with hydrated lanoline oleate of mercury (20 per cent), then covered with a piece of lint smeared with the same until a second inunction twelve hours later; the lint is then reapplied until the time of operation when it is rubbed off

wtih sterile gauze. There is found no evidence of mercury in the tissues upon chemical examination and a bacteriological search demonstrated a diminution in the number of organisms present; this prevents stitch abscesses.

The surgeon finds it easier to reach the abdominal viscera by the median operation than by the lateral. By "splitting the capsule" is meant that in performing the median section the linea alba is not incised, but the knife passes through the rectus muscle. In making the lateral longitudinal incision, instead of going just lateral to the rectus its muscular tissue is opened; in closing the wound, first the peritoneum is closed, next the posterior capsule or sheath, then the muscle, etc. There can be little doubt but that the cicatrix left after the healing of an abdominal section is weaker than the original tissue cut through. Like all scars in which muscle has been divided, the union consists of a homogenous tissue which always contracts and which has a tendency to form adhesions to the abdominal organs it comes in contact with. So that besides ventral hernia, there is some danger that some part of the intestine may become obstructed in consequence of morbid adhesions. It is true that in healthy young individuals, cicatrices have a tendency after a while to relax, the parts united approximating normal-like structures.

In one-half hour after a laparotomy operation there is a distinct fall of temperature one-half degree Fahr.; there seems to be no direct relation between the duration of the operation and the extent of the fall. The loss of blood is an important factor; the influence of the anesthetic and exposure of the viscera are further causes accountable. On the day following the operation the patient most always has troublesome gas pain due to sympathetic nerve functions. When an abdominal operation is doing badly the distention, temperature and pulse that indicate the same are not evident until about fifty hours after, never within thirty hours; if sooner, then look out for a local cause, as poisoning from antiseptics, etc. The successful abdominal surgeon selects his cases; not every surgical case that presents and that has a disease or injury to be treated can be safely operated upon. Emboli following these operations and pneumonia or pleuritic complications are often to be feared; thrombosis and embolism are noted in five per cent of laparotomies. Digitalis is contraindicated and morphine is advised to relieve post operative dyspnoea.

Irrigation of the abdominal cavity if it contains pus or fecal matter should be thorough; this is called the toilet of the peritoneum. Irrigation with normal or deci-normal salt solution cleanses more effectively and thoroughly than the most careful sponging. Acetozone is one of the higher peroxides and exerts its peculiar effects when brought in contact with moist organic matter. It has a germicidal power much greater than hydrogen peroxide and at the same time is harmless; the latter is known to cause a destruction of infected tissue which has lost its tone. Acetozone solution may be used by irrigation in any case where infection has occurred: the solution keeps for several weeks and it is a good plan to keep a 1:1,000 solution ready and dilute as required. A stock solution is made by adding fifteen grains of acetozone to one quart of distilled water, shaking for one minute and letting stand for twenty-four hours, then filtering. This stock solution may be diluted with an equal part or more distilled water for use. The action of acetozone causes no destruction of tissue, no damage to adjacent parts, and complete sterilization of the infected area thus promoting ready healing. A case is reported of irrigation of the abdominal cavity dur-

ing the course of acute suppurative general peritonitis due to rupture of the appendix; the flushing was made with a 1:10,000 acetozone solution through a drainage tube, the same being accomplished with the patient in the horizontal position and continued until the water came away perfectly clear. The patient was then placed in a sitting position favorable for free drainage. The flushings were repeated at intervals of three or four hours. Another case may be annoted, that of a woman with general septic peritonitis following criminal abortion. The abdomen was opened and treated by flushing with several gallons of acetozone solution and drainage etsablished through the wound and vagina. Frequent irrigations were given for several weeks, when the belly had to be again opened for intestinal obstruction; later the patient had septic pneumonia. The flushings were continued and the patient made a splendid recovery in nine weeks.

Doyen of Paris, has never seen recovery from acute septic general peritonitis when the exudate reached from the pelvis to the sub-phrenic region: this observation was probably made before the days of abdominal irrigation and the use of anti-streptococcic serum. Mr. Barwell claims the attempt to drain the abdominal cavity through the back an absurdity; it is better to remove the lower suture, or in the female to drain through the vagina. When irrigation is indicated drainage should be used; many cases will require drainage where flushing is not required. When the operation has been a prolonged one, from one to two pints of fluid should be introduced into the peritoneal cavity, and the foot of the bed may be elevated eighteen inches for the first twenty-four hours; this position is not a curative measure after general peritonitis has developed. During the first few minutes when irrigating the cavity of the peritoneum, a considerable quantity of normal salt solution is absorbed; the effect is that of an indirect transfusion. In numbers of cases, abdominal section is made in the face of active peritonitis with vomiting and tympanites; in this condition small and repeated doses of calomel given until the bowels act will give satisfactory results.

When a surgeon performs many laparotomies fistulae are pretty sure to develop in some of them. If the operation has been done for the removal of an infected tissue the formation of an abnormal passage will not be strange. As a further cause may be noted infected ligatures, especially numerous and large ones; ligatures should be small and few. Fistulae may form at once or after the lapse of a few weeks; after wound of the gut, bladder or ureter in a few days. The probability of such a complication cannot be prognosticated but it may be said that in a laparotomy with no pus and no drainage the surgeon does not expect it. In most every case of post-gaping wound and of abdominal and fecal fistula the drainage tube has been used; persistence of the opening must be due to the pathology of the original trouble; syphilis retards and persistence is an evidence of poor drainage. The kind and quantity of discharge varies with the location and relation of the sinus to the internal parts involved by disease or injury. The tract remains open for months in most cases, but eventually closes spontaneously. In the excision of fistulous tracts leading from the intestine through the abdominal wall drainage may be indicated, and many who are operated upon for relief are worse off after the operation than before; experience in this surgical procedure has shown that reopening the abdomen is hazardous, while enlarging the fistula near its base is fairly safe. A drainage tube should never be allowed to remain in situ over twenty-four hours without drawing it upwards one-third or one-half inch and fastening it in a new place; it should be entirely removed on

the third day unless there be a discharge of purulent matter or unless the case be one of tuberuclar peritonitis. Drainage tubes must be kept sweet and clean and when the drainage tube is withdrawn the provisional ligature inserted at the time of operation is tightened.

To avoid the layers of scar tissue reaching from the peritoneum to the skin being directly one over the other, thus leaving the line of incision weak and liable to hernia, some German operators divide the various layers in the same parallel lines but in different vertical planes. By this means the deeper scars will have a layer of healthy tissue over them that will add greatly to their strength.

Winslow of Seattle, states that the aponeurosis is the chief factor in preventing hernia; hernia is a frequent complication following abdominal section. It is preventable at times by leaving the stitches in for a month if the patient is thin enough to permit of using the through and through suture; or by using non-absorbable buried ligatures when the fat in the abdominal wall is enough to require two tiers of sutures (Smith). To secure accurate coaptation, mark the site of the stitches before the section of the belly; when closing the wound be careful that no peritoneum is curved upwards so as to interpolate between the muscles and fascia of the opposite sides. After a hernia is formed it is easily cured with a single silkworm gut purse-string suture (Smith).

Meteorism following abdominal operation is probably due to lessened muscular tone following vasomotor paresis, in fact a general and local shock. Ergone, an antiseptic, non-irritating fluid extract of ergot, has been used by Dr. A. P. Condon in twenty-one laparotomies and in forty-three abdominal operations for meteorism. He uses the ergone hypodermically in thirty minim doses, at first, twenty-four hours before operating and every eight hours after the operation for four days. The use of ergone was followed by no untoward effects and its use marked by the absence of post operative tympanities. When meteorism develops there are several effective remedies that may be administered, viz.: ergone, adrenalin solution and normal salt solution subcutaneously. Adrenalin solution is a vasomotor constrictor of the most powerful type; of a solution of 1:1,000, twenty drops have been given every hour for twenty-four hours. In the shock following severe traumatism the use of adrenalin in doses of from ten to twenty minims of the 1:1,000 solution, is perhaps one of the best restoratives, given in conjunction with strychnia sulphate or nitrate; this way of administering the remedies avoids the cumulative action so evident when using strychnine after the first shock is passed. In using the normal salt solution subcutaneously, an ordinary fountain syringe to which is attached a large aspirating needle will answer the purpose. Cardiac and respiratory failure from injudiciously pushing the anesthetic, or shock induced by abdominal operation, is best combated by the hypodermic injection of cocaine, caffeine and normal salt solution, adding to the latter two drachms of adrenalin solution, 1:1,000 to the pint; of this prescription a sufficient quantity is injected to restore vascular tonus and the absorption of the adrenalin should be hastened by vigorous massage. Adrenalin is indicated in all forms of hemorrhage, and is the most powerful and rapid hemostatic known to therapeutics.

Of the organisms of infection, to prevent which complication every resource of the surgeon is called into action, some mention will be of importance. The streptococcus pyogenes is the most virulent; next comes the staphylococcus aureus, while the staphylococcus albus is the least harmful. The strict localization of the general majority of stitch

abscesses however, proves that the growth of the aureus, the common organism, is easily inhibited. Infection with the streptococcus however is continuously followed by marked symptoms often terminating in death. The albus excites very slight reaction although exceptionally it may produce a fatal peritonitis. The colon bacillus is mildly toxic; the air organisms usually found in the projecting end of the drain for a short distance below the surface give rise to no reaction. The establishment of any communication between the intra-peritoneal devitalized clots of blood and the exterior should be considered extremely hazardous.

The closure of the abdominal wound, sealing the peritoneal cavity surgically repaired from the air, and providing for union of the same free from infection, leakage and weakening of the abdominal parietes, is not the least important part of the operation. In inserting the sutures, Dr. Maurice H. Richardson of Boston, threads both ends of the ligature and passes the needle from the inside, thereby lessening the danger of infection from the skin. The abdominal aponeuroses glide in different traction lines and the scar should become invisible to form an ideal closure. Like structures should be neatly and separately adapted in the reverse order in which they were divided. The deep sutures are inserted but not tied until after the coaptation sutures are inserted and fastened; it is best to unite the margins of the peritoneum and the transversalis as one tier of sutures; the internal oblique as a separate tier; and the external oblique and the skin as one. The deep fascia may be sutured with kangaroo tendon, the needle straight or curved, beginning at the lower angle of the wound; for the skin silkworm gut may be used. Buried sutures require two or three weeks before they are internally repaired; skin sutures are recoverd in five or six days (Dr. Wm. H. Watkins). Another plan of procedure is to unite the peritoneum and after, the muscles with catgut; the superficial fascia and skin are sutured with silkworm gut, sterilized silk or horse-hair. Catgut is peerless as a suture material and for ligatures, but the surgeon must know that it has been properly prepared. No. 9 catgut will absorb in about six days and is used for ligating all vessels smaller than the radial, for intestinal sutures and sutures without tension. No. 7 catgut will absorb in twelve days and is used for tying off the largest blood vessels, skin sutures and intra-abdominal ligating. No. 5 catgut is used only in one place in abdominal work regularly, i. e., to approximate the fibrous structure of the abdominal wall, it is absorbed in about eighteen days. Chromicized catgut resists absorption nearly twice as long; in cases of delayed union the process of encapsulation or gradual absorption of chromicized catgut may be interfered with by weakened vitality. Before cutting abdominal sutures the patient should wear a moist bi-chloride dressing for two or more hours and the surgeon should be sure no septic matter is on any suture before removing it.

The use of opium after abdominal operations should be avoided; it gives temporary ease but locks up the secretions, blunts nerve centers and excites nausea, vomiting, and accumulation of gas in the intestine. Post operative vomiting is often controlled by chloretone in doses of from five to fifteen grains. In patients habituated to the use of opium who are very nervous or frail, it may be injudicious to withhold it. The use of sulphonal, trional or veronal to produce sleep is preferable to chloral or the bromides.

The early administration of nourishment is not necessary or urgent as a rule; from the effects of the anesthetic and the influence of the reflex nervous system no nutritive pabulum would be retained. Nausea and vomiting are generally present, their absence being

the exception. The greatest cause of distress after the operation will be thirst, which is intensified by the use of ice and iced-water; great relief may be given by the use of enemata of warm water, one-half to one pint injected slowly. Milk is not a satisfactory diet in operative cases of this kind because of the firm curd which it produces; when given it should be peptonized. Bovinine is good, likewise the preparations of pre-digested beef, liquid peptonoids, etc. Rectal enemata may be employed; there is a great difference in the retentive power of the rectum in different individuals. Some will retain one pint slowly injected, others only a few ounces. For internal use may be prepared:

℞

Bovinine.. .....ʒi-ʒiv.
Peptonized Milk.....℥iv.

M. Sig.: To be taken every three hours. Stimulants are to be given as required.

The curative effect of opening the abdominal cavity in tubercular peritonitis is attained without any apparent explanation accompanying it of the modus operandi. Generally, it is presumed to be the opening of a cavity to the air that is so much excluded, as in the instance of the vertricles of the brain. Reasoning upon the hypothesis that if air thus admitted were a factor in the cure in cases apparently beyond hope from medical aid, a test of the absorptability of the peritoneum to gases, and of laughing gas (nitrous oxide) especially, being bland and anesthetic, would be evident were the gas absorbed to any extent. We present the details of the experiment as performed by Dr. Eugene R. Corson of Savannah, Georgia: The skin was cocainized by Schleich's stronger infiltration solution, and a small trocar and canula passed in through a comfortably warm wash bottle at a moderate pressure; the patient felt the gas streaming over the bowels. The pulse which was ninety with poor tension went up to one hundred, bounding like an ether pulse; the patient felt better and improvement in the dyspnoea was evident to those around (the case was one of malignant disease, cancer en cuirasse, with abdominal involvement). The gas was allowed to distend the abdomen until it became large and tense; this caused no pain but the pressure on the diaphragm was evident by more difficult respiration, so the gas was allowed to pass out, whistling through the exit tube. This was repeated three times when the opening was closed and the residual gas allowed to absorb slowly; improvement followed. Oxygen through which the electric spark had been passed could thus be used. After serious abdominal operation, just before the peritoneum is closed, would not the oxygen bath be of benefit? If the stomata of the peritoneum are the direct openings into the lymph spaces and lymphatics, is it not possible that oxygen gas introduced in this way finds a direct point of entrance and may stimulate absorption? The peritoneum may act as a vicarious lung by oxygenating the lymph. Recovery follows operation for tuberculous peritonitis as a rule, unless there be left an initial focus to perpetuate the disease; positive diagnosis is never made before abdominal section. Dr. F. C. Shattuck of Boston, says, "The termination of tubercular peritonitis is favorable under surgical treatment, even when other organs are involved. After from six weeks to two months of medical treatment and tapping without avail, operation should be done." Dr. Wm. S. Halstead of Baltimore, approves of tuberculin, and states that he has not seen a case in which reaction failed when tuberculosis was present. Says Hildebrandt, "There are the tuberculosis diseases of the peritoneum that heal spontaneously, and laparotomy seems to increase the healing factor. The venous hyperemia that follows celiotomy is

more marked in the tuberculous than in the normal peritoneum; the venous hyperemia after abdominal section is the important element in the healing of tuberculous peritonitis."

A PROFESSIONAL EXPERIMENT

By Grace M. Norris, M. D., South Columbia, N. Y.

One stormy night as the city clocks were announcing the beginning of a new day, four young men were seated at a table in the room of a college dormitory . Four steins with their frothy contents freshly drawn from a keg in the corner, sparkled before them. Three of the party were classical students, while the fourth was an alumnus, and a physician of note, who had returned to revisit the scenes of his college days.

"By the way, boys, did you notice the woman that Professor Dummington had with him at the reception last evening? She was certainly a winner," observed Dr. Richardson, as he threw down a trump and picked up the trick.

"Yes," answered a student, "and I guess Professor has been having a pretty hard pull of it. Has been sick two months, and only been up about a week, and makes me think of a corpse come back to life more than anything else."

Having finished the game, one of the students remarked that he was sleepy. "But let us try one more hand," he said, "and then this will be the last, for I must have a nap, as I have a class at eight." He glanced at the clock, picked up the cards, and the play was resumed.

The doctor yawned. "Speaking of a corpse, did any of you ever notice a fob like this?" He handed his watch to one of the young men, who carried it over to the lamp. "No, I can't say that I ever did. What in the world is it? Why, it looks to me like a bullet of a thirty-two revolver that has been fired against some hard substance."

"That's just what it is. It is somewhat of a long story, but if you care to hear it, perhaps I will have time to tell it while the others are playing seven up. May I trouble you for another cigar?" Lighting this, the doctor settled back in his chair.

"I received my A. B. degree from this college with the class of '90. The next fall I entered a medical college, and four years later found myself a full fledged M. D. My natural aptitude for pathology and post mortem work stood me in good stead, and one of my articles published in a scientific paper attracted the notice of a professor of pathology in an eastern college, who offered me the position of assistant instructor. As I felt the want of some ready cash, I accepted the place with pleasure. As a special favor, he invited me to room at his house, where I might have the use of his private laboratory and apparatus.

"In a few days I was comfortably settled. The Professor had a large office practice, and often called me to consultation. There was a reception room adjoining this office, and directly back of this, fronting an alley, was his laboratory. He was reputed to be quite wealthy, and his library and instruments must have cost a small fortune. In the corner of his office stood a large safe, and he found this convenient for storage of some of his finest instruments, which he had imported at a great expense. He was very careful about them, and even I was not allowed to handle them.

"At this time the doctor was engaged as an expert witness in a murder trial, and the case hung on his evidence. There was a question as to whether certain bullet wounds in the murdered man were made before or after death, and he was called to decide the point. He was looking for a corpse with the intention of shooting several

holes in it, to determine the effect of bullets on the dead tissue. The revolver with which the deed was done was in his possession, as he desired to use it in his experiment, that the results might be as near the real thing as possible. He brought it in one day, and asked me to clean it. I did so and replaced the three unexploded cartridges, which it contained when I received it, and then laid it on the mantle in his laboratory, as no one was ever permitted to enter the room but myself in his absence, and we left things as we wished.

"Well, one day he received a soiled note from a man who signed himself Briggs, saying that he had a fresh stiff on hand, that had only been planted two days, and would dispose of the same for fifty dollars. This may strike you as grewsome, but for one acquainted with the inner workings of a large medical college, it is nothing strange. The letter stated that the writer would deliver the body, boxed, on the following night, if agreeable. As the doctor needed a corpse at that particular time, he sent word to bring it on, and said that the next evening at ten o'clock would suit him.

"About a quarter of ten the next night the doctor was called to the telephone. 'This is strange,' he observed. 'Here is a call from a party across the city, who says that a baby is seriously ill with croup, and asks me to come at once. It seems as though in such an emergency they would call on someone nearer. It will take me over two hours to go and return. Well, I suppose I must go. When that corpse comes, set it on the dissecting table in the laboratory.' He picked up his satchel and went out, pulling on his gloves.

"I went back to the laboratory where I was busy with some experiments. I had been there but a few minutes when I heard a ring at the bell, and I went to the door. A rough looking individual accosted me. 'Be ye the doctor?' I replied in the affirmative, and the man remarked that the stiff was in the wagon, which I could see close to the curb.

" 'All right, bring him in,' said I and returned to the room and cleared the table for its reception. In a moment two men entered carrying a long, rough coffin between them. They set it on the floor, unscrewed the cover, and lifted out a magnificent casket. I told them to place it on the table and they did so. I glanced at the silver plate on the coffin and read the name, 'H. St. Clair Livingston, D. D.' After covering the casket with a sheet, I paid them and they went away.

"As I returned to my work I stumbled, and throwing out my hand to save myself, tipped over a stand on which were all the glasses containing the materials I had to work with. I swore inwardly, for it would take hours to replace the work.

"As I could do nothing else, and being somewhat tired, I decided to rest, so I filled my pipe, lit it, and sat down in a big chair beside the grate. I suppose I fell asleep, but suddenly awoke with a start. I could have sworn that I heard a cough. I looked over to the table that the casket rested on, and was it imagination, or what? The sheet was partly pushed off the head of the casket where I had left it. I rose and pulled myself together, and walked over to the table. I replaced the sheet, resumed my chair, relit my pipe and gazed into the fire.

"I had almost relapsed into a doze again, when I suddenly found myself sitting bolt upright and every nerve in my entire body drawn tense as a bow string. The city clock was striking the midnight hour. I listened intently. There was no mistake about it this time. There was something going on under that sheet. My ears caught a slight scraping sound, then a rattle as of an iron chain. Fairly petrified, I sat there with my eyes riveted on that coffin, and unable to move a muscle.

While slowly, a tall, white specter rose from the coffin. It stepped to the floor, then slowly turned and faced me. From the head of the thing a pair of bright eyes glistened, whose every fascination seemed to rend me helpless. Then without a sound it glided towards me. When within a few feet of my chair it stopped, and raised one arm, and I caught the gleam of a glittering knife. Instantly the spell was broken. With a bound I sprang up and seizing the revolver lying on the mantle, fired two shots at the ghost. With a shriek like that of a lost soul, the specter turned, leaped through the window, facing the alley and was gone.

"As I stood there trembling from head to foot, great drops of perspiration standing out on my forehead, my hands still clutching the smoking revolver, in walked the doctor. 'Of all the wild-goose chases I ever saw. There was no such num—' he began, when he caught sight of me. 'What in the dev—,' he ejaculated, too feazed to say more.

"As soon as I could, I began to speak, and told my tale. Without a word the doctor walked over to the shattered window, an indisputable proof of my assertion. He turned and looked at the carpet. 'Blood, unless I mistake, and you must have hit him.' Coming over to where I stood, he sank down into the chair and gazed into the fire for several minutes. Finally he rose. 'Have that window fixed in the morning,' he remarked, and I heard him ascend the stairs to his bed room.

"Well, I was too nervous to even read a French novel, and so I went to bed. In the morning the man came to replace the glass. On the floor near the chair he found a Spanish stiletto and imbedded in the casing of the window was one of the bullets I had fired. I kept both as souvenirs. The stiletto I use as a paper knife, and the flattened bullet I mounted on my watch chain. By the way, pass me a light, will you?"

"But did you never find out what the thing was?" asked a student, with great eagerness. "Well, we found a kit of burglar's tools in the coffin, and shortly afterwards we saw a large reward offered in the daily papers for the return of the body of an Episcopal Bishop that had been stolen from the vault on the family's estate in the suburbs.

"We returned the casket to them, but the corpse was never found. It had evidently been sold to some other party and used. The burglar had devised this plot to rob the doctor's house, and sent the false telephone message thinking the doctor would wait to receive the body, and then go to attend the call, and he would have ample time to burglarize the house. He did not know of my presence there, and I of course, spoiled his plans.

"As the telephone office keeps a record of all the calls, a few weeks later a detective was able to locate the sender of the fake message. He proved to be an old offender. For this and former crimes, I shortly afterwards had the pleasure of seeing my apparition sentenced for fifteen years at hard labor.

"And now, gentlemen, if you have no objections, I think I will retire."

GLONOIN

By J. A. Burnett, M. D., Pauline, Arkansas.

Emergency remedies should be kept on hand by all physicians and one of our best is glonoin, which is also called trinitrin angio neurosin and nitroglycerine. This remedy acts quicker when the pillets are dissolved on the tongue than when given hypodermically. Glonoin is an agent which opens up the way for the action of many remedies especially most organic remedies. It takes the place of hot water in hot decoctions. It is a well known fact that most organic remedies act quicker and better when given in hot decoction

than when given in tincture and fluid extract form as the hot water acts as a carrying agent. But decoctions are troublesome to make and keep on hand ready for use and the dose must be large and is usually bad to take which make decoctions a very disagreeable way of using remedies. The alkaloids and concentrations can be used which can be obtained in small granules or tablets and combined with glonoin which will take the place of hot water as a carrying agent in many cases. Hot water is preferred to glonoin in some cases especially where glonoin would be contra-indicated even when the granules or tablets are used. But the use of the granules or tablets given in hot water is more convenient for both patient and nurse also for the physician if he does his own dispensing, and if he don't do it he should, than decoctions as the dose is much smaller and not bad to take, a matter of no small importance especially when prescribing for women and children. Besides no boiling or filtering is necessary when using the pillets in this way. They can be added to the water and taken at once as they soon dissolve when put in hot water. Where hot water is not at hand and time cannot be taken to heat it glonoin can be used in its place. When glonoin is used for considerable time patients learn to tolerate very large doses of it. It has never caused death in medicinal doses. But it is usually used in too large doses. Many physicians usually prescribe a tablet of gr. 1-100 which is in most all cases too small. The Abott Alkaloidal Co. makes a tablet containing gr. 1-250 and that size dose is too large for ordinary prescribing. A tablet containing gr. 1-500 is about the right size dose for ordinary use and when used as a carrying agent a tablet containing gr. 1-1000 would be about right. A combination of glonoin, strychnine and hyoscyamine is of great value in all forms of colic. It should be often repeated in very small doses. It is also of value in intercostal neuralgia and other spasmodic conditions. Dysmenorrhoea has been benefited by glonoin given at each period. The indication of glonoin in dysmenorrhoea is a throbbing, aching and pricking sensation in the uterus. Glonoin is very often used in heart troubles, such as heart failure in pneumonia, typhoid fever, etc. It will relieve "smothering" spells which some people are subject to. It has been used with good results in some forms of anemia, especially when the circulation was not good in some remote part. It would no doubt be of value in masturbation in males when the scrotum and testicles are prone to become cold. Both acute and chronic forms of Bright's disease have been benefited by glonoin. Dr. Shaller says: "The therapeutic value of glonoin depends upon its power to relax the small arteries and flush the cutaneous capillaries. If they are already distended with blood the remedy is of no value." There are various other conditions in which glonoin is of much value and it should be closely studied by all. It is considered non-toxic by some writers.

There are many people who can see but one thing. Send them a job of repairing to do, they will fix one part and neglect the rest. Return it for complete repairs and still they will tinker away at that one spot until we go in and thump them. I know doctors that "diagnose" a patient's case once and then ever afterwards that disease only will they treat. I know "eminent" surgeons that have syphilis on the brain. Humanity to them is one gigantic syphilitic sore. To go to one of these doctors means to be treated for syhpilis very otfen. Other physicians hunt merely for a field of operations.

C. E. Boynton, M. D.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 351 September Recorder.)

SURGERY OF THE BILE PASSAGES.

Chronic, gastric and intestinal catarrh usually precede the development of gall bladder diseases. The patient who is operated upon today for the relief of gall bladder disease more often than otherwise presents symptoms of chronic indigestion rather than of gall stone colic. Cases which have been considered as appendiceal inflammations we are constantly recognizing as gall bladder infections. Patients are referred to us and come with the diagnosis of chronic appendicitis and an examination leads to open above the line of the navel and our incision reveals the correctness of our inference by the finding either of the calculi or a chronically inflamed bladder.

The diagnosis, chronic cholecystitis with or without calculi, rests upon the finding of the numerous symptoms of chronic indigestion with or without the symptoms directly referable to the gall bladder such as tenderness, tumor, or history of gall stone colic. Gall stones may be in the gall bladder for years without causing the symptoms of gall stone colic. The examination of course should include a careful inquiry regarding the presence of severe pain in the region of the gall bladder but the examiner should not feel that such a history excludes the likelihood of the presence of calculi or gall bladder disease. The gall stone colic as it was formerly described was supposed to be felt at about the end of the ninth rib and extended from there along the ribs to the back and up to the shoulder. The pain is not frequently referred to the shoulder but is very often felt at about the level of the tip of the scapula. The pain may be merely an intense pain felt in the pit of the stomach and on the right side above. The patient suffering gall stone colic as a rule is suffering too intensely to describe the pain accurately. After the pain has subsided or been controlled by opiates or chloroform the description may be given. The control of gall stone cole is possible in many cases only where chloroform is inhaled. A few whiffs of this drug will completely control the most intense colic. I have used as much as two grains of codiene or morphine in patients unaccustomed to any form of opiate and then have been forced to resort to chloroform for relief. The physician when confronted with gall stone colic owes it to the patient to give him relief. Even though the patient is to submit to an operation in a few hours they should not be left to suffer a single attack of colic unaided by the agents which we have at our command.

Cholecystotomy is an operation as easily performed as a simple appendectomy. It is an operation which as equally as safe. The patient when sufferng the first attack of gall stone colic should be given to understand that the chances are very decided that an operation will be necessary to give relief. The patient may otherwise suffer attacks which result in the impaction of calculi deep in the common duct where they are reached only with difficulty and at a grave risk to the patient's life. The impaction of a stone may occur shortly after colic symptoms first manifest themselves, while other patients may go for years suffering numerous attacks without impaction occurring.

Only about 15 per cent of patients recover from gall stone colic as the result of the passage of all calculi and therefore suffer no recurrence. These patients escape operation but do so at

greater risk than those who submit to early operation.

We not infrequently see cases where the gall bladder disease begins as an acute infection of the gall bladder and ducts. Conditions develop during an acute inflammation of the gall bladder which favor the development of calculi so that subsequent to the acute cholecystitis the patient suffers the symptoms of chronic gall bladder inflammation and in many instances gall stones.

Acute infection of the gall bladder and ducts is accompanied by a febrile reaction and has been mistaken in countless instances for other infectious diseases.

Acute cholecystitis is often a complication which develops during the convalesence from typhoid fever and is mistaken for a relapse. Sometimes owing to a rather decided tenderness of the abdomen the condition is thought to be appendicitis but more often as I have said the condition is supposed to be due to a relapse.

Sometimes the examiner is in doubt regarding a case as the symptoms are not such that one can clearly differentiate between gall bladder disease and appendicitis. Accuracy in diagnosis is all-important but where doubt exists as to whether a patient is suffering from appendicitis or gall bladder disease no great concern need be felt as the appendix may be reached through an exploratory incision which will also give access to the gall bladder. The presence of jaundice, if marked, is an indication of an obstructon of the flow of bile from the liver to the intestines and follows the absorption of this fluid. It is a symptom of import to the practitioner as he should hesitate in attempting common duct surgery without perfect facilities for a difficult operation and a complicated after-treatment.

The diagnostician in rare instances may mistake the symptoms of pancreatic calculi for those of stone in the cystic duct but this is an uncommon condition rarely met. In one instance where the indications pointed to a simple cholecystotomy I found myself facing an operation for pancreatic calculi. The access to these calculi is anything but easy although no operator with a knowledge of the anatomy of the abdomen in this region need fear the operation. A short incision parallel to the external border of the rectus should be made in these cases and the finger inserted and the gall bladder palpated. If there are no symptoms to lead one to believe that there is a stone in the common duct and calculi are felt in the gall bladder a pair of small forceps should be guided along the finger and the gall bladder carefully grasped. The finger may then be withdrawn from the incision and the gall bladder may be successfully drawn into the incision. If this is accomplished it may be held well into the wound and carefully sutured to the fascial layers of the abdominal wall. It may then be aspirated and opened with scissors. The calculi are scooped out of the bladder after the organ has been opened. The operator may not be able to accomplish much through his short incision, in which case it may be lengthened to two inches or more. The gall bladder is often infected and demands operative treatment in fleshy women. Here an incision must be made at once which will allow the entire hand being inserted into the abdomen. The ducts may then be palpated down to the point where the common duct extends behind the duodenum. The gall bladder may contain calculi and yet they are not palpable until the contents of the gall bladder have been removed by aspiration.

Where the gall bladder has been exposed the operator may safely open it without aspirating if he has reason to believe that he has properly protected the abdominal cavity from contamination by gauze pads.

Large gauze pads may be spread around beneath the abdominal wall and

then any intervals above and below the gall bladder as it is held into the abdominal incision should be plugged with strips of gauze. The gall bladder when opened contains more or less fluid whether or not it has been aspirated. This fluid should be taken up with long narrow strips of sterile gauze. These are packed into the organ and are withdrawn saturated with the secretions. The bladder thus freed of all secretions may be emptied of any calculi or probed without soiling the field. One should always aim to avoid a messy field, secretions and blood may be picked up with little loss of time and it is time well spent even though they are apparently sterile. Normal bile usually does no harm but we should seldom if ever open normal gall bladders.

When the gall bladder has been emptied of its contents if a short incision only has been made and the index finger alone can be passed through the abdominal wall, the ducts cannot be explored except with a probe.

Probing the ducts is unsatisfactory unless they have been dilated as the result of the passage of a stone. The cystic duct contains within its lumen a folded condition of the mucosa which interferes with the passage of a probe. An attempt may be made to pass a probe if it is thought advisable. This instrument should be blunt pointed, readily bent and the operator should handle it gently. The duct if dilated by the previous passage of a large stone may allow the passage of the probe, and striking the calculi its consistance makes it at once apparent to the examiner.

Where a gall bladder proves to be free from calculi and only healthy bile is withdrawn from it even if it has been freely opened it need not be retained in the angle of the wound but should be closed by fine closely set catgut sutures. I have, in order that a perfect exploration might be possible, opened the gall bladder where no stone or mucus was found within. In which instance I have simply closed the opening with lembert sutures then placed outside of these a purse-string of catgut. Where the gall bladder has been closed in this way it may be dropped and the wound closed without drainage. Where the appendix is in a condition that its removal is advisable the operator will find it well to remove it be-gall bladder. The cecum should then be carefully restored to its normal position before the gall bladder is opened. In searching for the appendix the finger should be carried as far down and as far outward as possible and the cecum picked up and drawn up into the field of operation. An infected appendix is indurated and may even be recognized through a loop of bowel by its greater hardness, characteristic shape and size.

The appendix may be tied up in adhesions so that it cannot be drawn up into a short incision near the ribs. Here the advantage of the incision along the rectus is apparent as it may be lengthened as much as the operator desires yet is easily sutured at the end of the operation. I have never found any particular contra-indication to making an abdominal incision in any direction desired although incisions carried in one direction only are more readily sutured than angular ones. The division of muscles seems to be unimportant in reaching the common duct and pancreatic duct. I have extended the incision and divided the rectus and other muscular layers directly across the abdomen just above the umbilicus. In exposing the stomach after making the incision along the margin of the rectus I have extended the incision directly across the upper abdomen and have never had reason to regret the division of any of the muscular fibres. Hernia follows suppuration and imperfect suturing of the abdominal wall. In suturing I have always given particular attention to the

FIGURE I

Figure 1. Illustrates the direction of some of the various incisions used in the surgery of this region. The line B-B external to the margin of the rectus is most useful, permitting exploration of both the gall bladder and the appendix. Some prefer an incision along the margin of the ribs, in this work it should not be placed too close to the rib margin or suturing will be difficult.

FIGURE II

Figure 2. The gall bladder exposed and surrounded with gauze—a probe is inserted through a puncture to ascertain whether or not a stone is tightly impacted in the cystic duct.

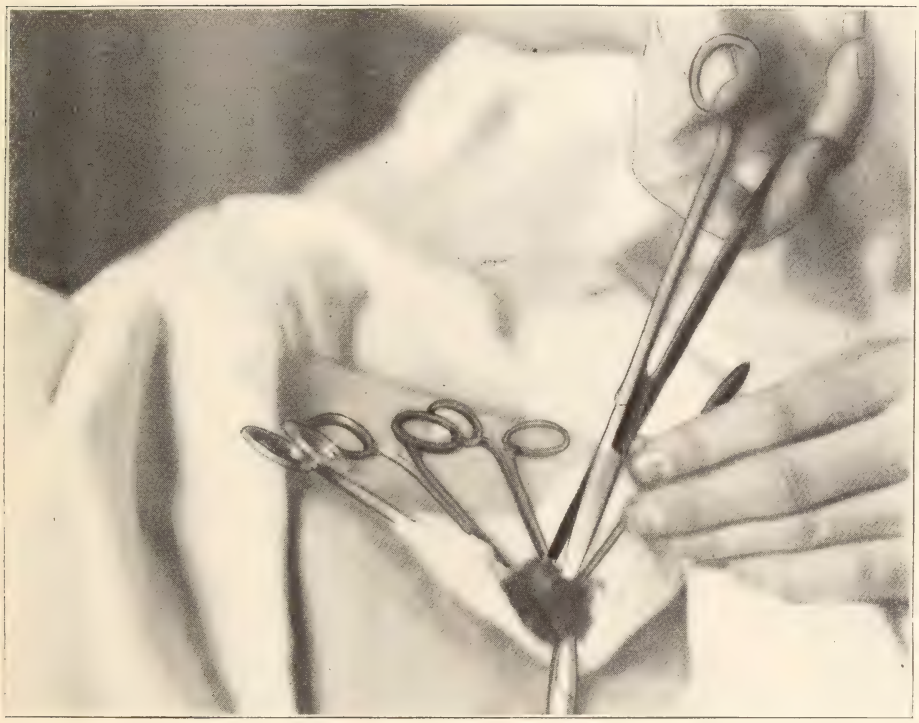

FIGURE III

Figure 3. Opening of the gall bladder to permit the escape of its contents. The bile need not soil the field of operation even though an aspirator is not used.

FIGURE IV

Figure 4. Taking up the bile with sterile gauze strips. These strips are packed into the cavity of the gall bladder and withdrawn saturated with its contents.

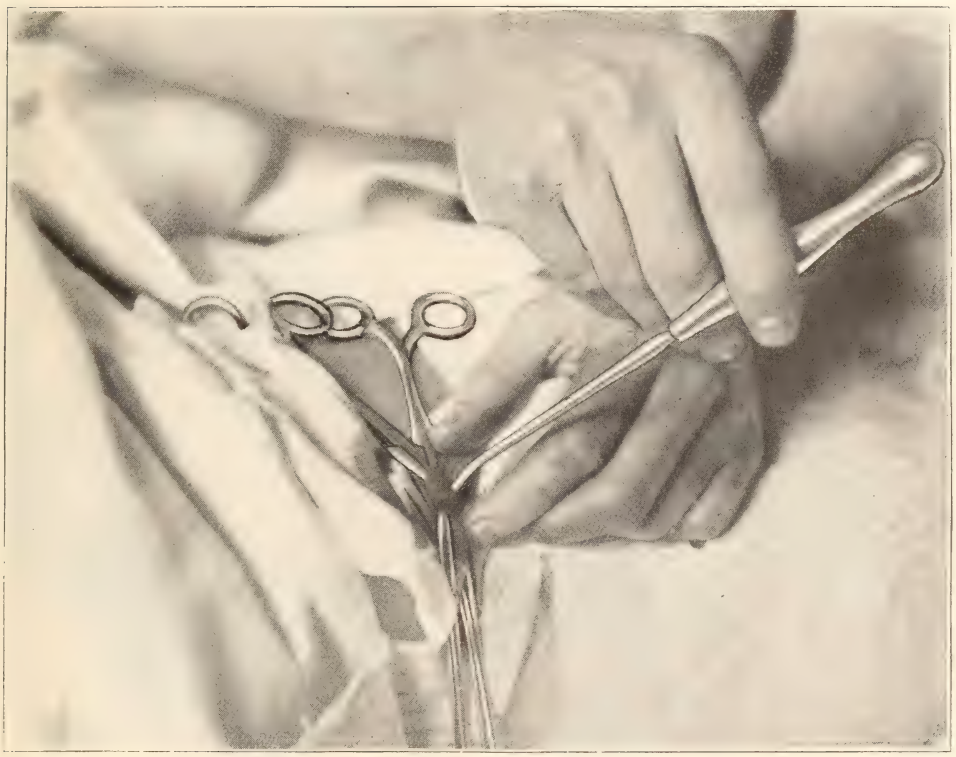

FIGURE V

Figure 5. Inserting a scoop into the gall bladder for the removal of calculi.

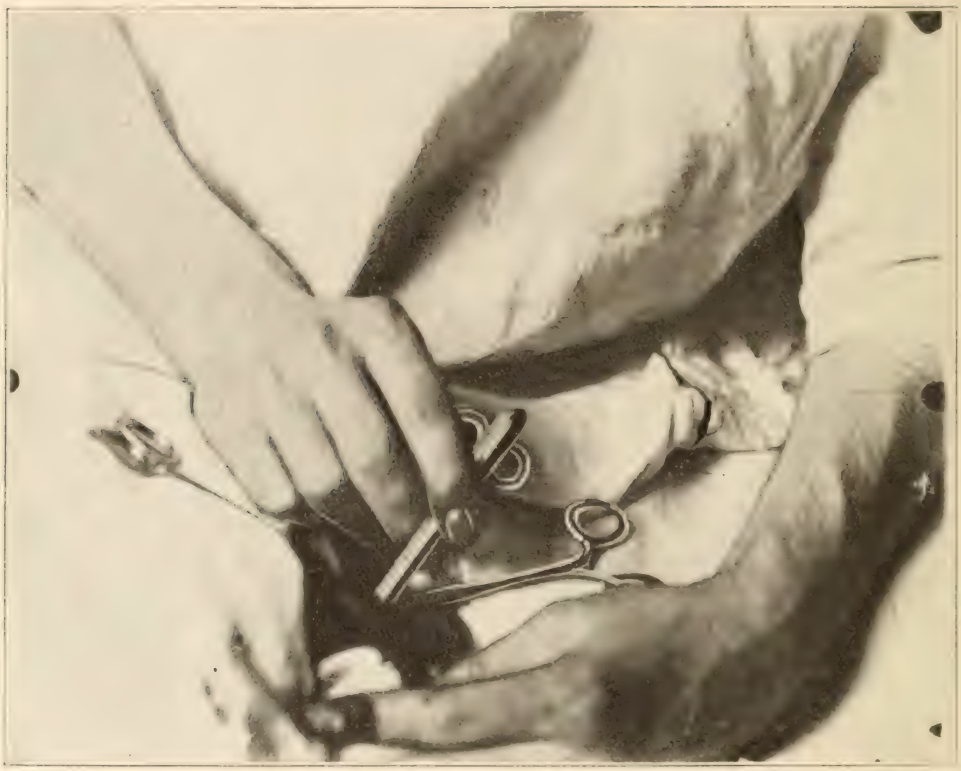

FIGURE VI

Figure 6. Using a small scoop deep in the gall bladder.

union of the connective tissue layers rather than the muscular.

The gall bladder is sometimes bound up in adhesions so that it cannot be freely drawn into the incision. Adhesions about this viscus are not as a rule firm and may be broken in the finger through an inch incision but this is not advisable. The incision should be lengthened so that the hand may be introduced and the operator can get the adherent viscera within his area of vision. Sometimes the gall bladder is found so shrunken and distorted that it is recognized among the adherent viscera only after a prolonged search.

In such cases as this the operator will probably find it necessary to remove the gall bladder rather than attempt drainage. The gall bladder alone should not absorb our attention in these cases. Much of the suffering of the patient is the result of the adhesions.

The gall bladder may be loosened from above or the cystic duct may be loosened at its point of juncture with the gall bladder and ligated, then the organ stripped loose from the liver. The gall bladder may first be freed down to the duct and then ligated and cut away if the operator elect. Drainage of the gall bladder without its removal is an operation which has been found more satisfactory to most operators than its removal and is to be preferred by the practitioner.

The gall bladder when stitched into the abdominal incision should then have slipped into its lumen a section of rubber drainage tubing and gauze should be packed around it after the abdominal wall has been sutured as much as possible without too greatly constricting the drainage opening. The abdomen should be covered with fluffed gauze and a binder placed on to hold it in place. As soon as the dressings about the drain are saturated they should be changed. Where the tissues are drawn closely about a large rubber drainage tubing a small dressing may be placed against the abdominal wall, then a small opening may be made through a sheet of rubber tissue and the tube is allowed to project through it. The tube outside the rubber tissue is enveloped in dressings which are changed whenever saturated, the dressing beneath the rubber tissue being left undisturbed.

(To be Continued.)

PRACTICAL NOTES ON CREOLIN

On page 256, November, 1904, American Journal Dermatology, there is an article "Instantaneous cure of erysipelas" which is very interesting and instructive. The author, Dr. W. B. Taylor, reports the use of creolin in five cases of erysipelas in which he painted with undiluted creolin and washed off in three minutes and a cure was the result with no damage done by the creolin.

Dr. W. H. Burgess recommends the use of creolin in combination with epsom salts and water to relieve pain. It is used as follows:

℞ Creolin ..... .gtts. v
Magnesium sulph. ..... ℥j
Aqua ....℥xj

M. Sig. Apply to the painful parts as often as necessary.

It is my opinion that the formula recommended by Dr. Burgess would be far superior to the creolin alone. All who have not read Dr. Burgess' book "The New Field," should be sure to do so.

Smith, Kline and French Co., of Philadelphia, wrote me in regard to a query concerning creolin as follows:

"Creolin is a proprietary remedy. Practically the same thing is sold under the name of sanitary fluid. Of course in this shape it is very much cheaper." J. A. Burnett, M. D.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

TREAT HIM—HIS MONEY'S WORTH

Mr. A. has a headache. Dr. J. prescribes acetanilid modified by caffein, grs. x, and pain soon vanishes, for that day.

Mr. A. again has headache and Dr. K. prescribes magnesium sulphate, ℥ss. and in a short time Mr. A. is easy and it is several days before he again has a headache this time going to Dr. L., who notes the recurrent toxaemia, the apathy of the intestines, the slowness of digestion, the decomposition of the retained foecal matter, etc. So he prescribes: Aloin, ext. bell., ext. nux vom. and podophyllin, aa, 1-10 grains, in tablet form, one to be taken before each meal. Headaches become quite infrequent for a year, but Mr. A. is not well so he goes to Dr. M. who asks, "What, Mr. A., is your vocation?" Answer: "Bookkeeper for the Central Supply Co." More conversation follows and Dr. M. concludes to go down town with Mr. A. to his place of business. He finds desk stool, light and ventilation bad where Mr. A. is compelled to work. These things he brings before the superintendent of the company and corrections are made according to his plan. It is hard enough to work at bookkeeping ten hours without suffering under unhygienic conditions. Dr. M. finds that Mr. A. is a heavy pork and meat eater and these things must be corrected. Mr. A.'s glasses are not a perfect fit and this point is also corrected. His sleeping room lacks a window facing the sunlight and the room feels damp much of the time. This point also is corrected. Mr. A.'s collar is found to fit badly and the doctor's advice again renders a service. Coffee has been an over-indulgence of Mr. A. and moderation in this accomplished. Now at rare times Mr. A. has a headache but he blames himself for it and it is regarded as a danger signal merely. Dr. M. found the nigger in the woodpile and things now never go from bad to worse.

Once Mr. A. carried a trunk up stairs. He was unused to such work. In 20 hours the headache was in evidence. He called on Dr. M. Carrying that trunk up stairs cost (?) Mr. A. just $2.00. Better live in a house without an upstairs?? Stairs bring many dollars to a doctor.

Reader, did it ever occur to you what a scope of knowledge a man should have to be a doctor? The physicians first treating Mr. A. might have known these things in a way but that routine habit of theirs of dashing off a ℞ giving five minutes to the case put Mr. A. to a lot of incovenience, but let us see. Mr. A. had paid Drs. J., K. and L. for their services, but when after six months he finds he owes Dr. M. $50 he says, "Oh, yes, I will pay in a few days." So the months slip by. One day Dr. M. learns that Mr. A. has moved away. The bill is now in the hands of a collector and will probably get no further. But that was not all, the story became widely circulated that Dr. M. charged $50 for curing a little headache. Now Dr. M. believes that Drs. J., K. and L. are not such big fools as he gave them credit for being.

Motto: "Look out for the man that changes doctors every new moon."

Now, when a man comes to you,
Just size him up for dues,
And if he wants to do you,
Just watch your P's and Q's.

And see the dollar coming
Before your dollar goes.
It keeps the business humming,
And pays for grub and clothes.

C. E. Boynton, M. D.

Los Banos, Cal.

NERVE EDUCATION

There are many types and degrees of nerves and nervousness. So much depends upon the etiology. Heredity and environment have much to do with the stability of the nerves and the nervous system. The nerves being under control of the central nervous system nearly all emotions and feelings can be held in abeyance by judicious training. The nerves require education and restraint, exercise and relaxation as well as the muscles. Auto-suggestion—which is simply reasoning with one's own self—should be practiced by all nervous people. Cultivate poise and relaxation. When lying down for rest or sleep try to relax all nerve tension and make yourself absolutely helpless. In this way the nerve cells and centers regain spent energy and are better nourished. Physicians can do much good by talking to nervous patients of the folly and harm of such misdirected energy. Rocking chairs are conducive of nervousness. The only proper way to rest is to get all the nervous and muscular systems in absolute repose. Remove all exitsing causes, e. g., tight lacing, tight shoes, etc. Autotoxaemia is a frequent condition. Calomel and salts are then very useful. A fruit and vegetable diet is to nerve repose. The bromides may be useful for a time, but should not long be used owing to the damaging effect they have upon secretion. Daniel's passiflora I have found to be a very valuable nerve calmative and leaves no untoward after-effects. It is especially useful in the nervous affections of women.

Instruct fond mothers to direct their children in the way of health and right living and that nerves and nervousness should be relegated to that limbo occupied by ghosts and hobgoblins. Then the race will grow happier, sturdier and better.

W. T. Marrs, M. D.

Jewett, Ill.

AMMONIUM CHLORIDE

It is not very often that ammonium chloride is mentioned in a medical journal and many physicians do not know anything about it except that it is a cough remedy.

The chloride or muriate of ammonium exercises a very stimulating effect on mucous membranes increasing the secretion of mucous, hence is very beneficial in dry coughs especially those which occur during the winter months. The following is a good prescription in which to use it in such conditions.

℞

Chloroform.....ʒj.
Fl. ex. squill.....ʒss.
Ammonium chloride.....ʒij.
Simple syrup, q. s.... ʒiv.

M. Sig. Dose one drachm every two hours.

In bronchitis ammonium is of great value. It is well adapted to most cases during the second stage when the mucous membranes have a large amount of mucous and liquid poured upon the walls of the bronchial tubes forming obstructions to the air passages. This secretion is usually ropy and tough and hard to cough up. In such conditions the following formula is recmmended by Hare.

℞

Ammonium chloride.....ʒij.
Ext. glycerrhiz fluid.....ʒij.
Aqua dest., q. s.....ʒiij

M. Sig. Dose one drachm every four hours.

J. A. Burnett, M. D.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

GATHERED ON THE WAY.

The wrtier found occasion during the past six months to travel over a large part of the state of Wisconsin and visit many of its physicians. He could not help noting things which may be of some interest to the reader. It is evident that the state is not only well supplied but positively overstocked with doctors, not alone in the larger cities, but even in the rural communities. Every small hamlet of not more than two or three hundred inhabitants, often many miles away from a railroad, has one or two doctors. The inevitable result is reduction of material returns to the individual, and much complaint is heard on that score. Nevertheless it must be said that the profession in general seems to be fairly prosperous throughout the state. In the larger and largest cities, in Wisconsin as in other states, the number of physicians is inordinately large, expenses high, social demands great, and the majority of doctors has a hard struggle to make the two ends meet. We may pity the man who, after having obtained a first class medical education, spent a year or two in hospitals, taken post-graduate courses, buries himself, as it were, in an out-of-the-way place. But these men, as a rule, accumulate property and when later they move to a city have the financial independence which is a great help to success.

The leading business is unquestionably done by the younger men, in some places by men only a year or two out of college, but mostly by men from thirty to forty years old. Here and there old established physicians are found who retain large practices, but they are the exception. As a rule the man of fifty or over has to take a back seat, unless he has been shrewd enough to associate with himself as junior partner a recent graduate. The public has an idea that the young man learns things in college which the older man never heard of. A striking feature is the high standard of the medical profession throughout the state. The day of the poorly educated doctor is irrevocably past. He has been replaced everywhere by a lot of men thoroughly trained, skilled in the use of microscope and other scientific instruments, keeping abreast of the progress of science, able to make contributions to it and a credit to any class or calling. This is well expressed in the up-to-date equipment of medical offices. Microscopes, sterilizers, incubators, centrifuges, aseptic furniture are seen everywhere, and with them libraries, seldom large, but composed of well chosen, standard modern books. The Journal of the A. M. A. goes into nearly every office and many other medical periodicals are read, the Recorder quite largely, we are proud to say.

The great number of static machines owned by physicians everywhere is something of a surprise. One or more are sure to be found in the smallest village. It is to be feared that many of them prove poor investments. Thickly gathered dust was seen on not a few. We could not help feeling that several of the owners had only hazy notions of electricity in general and its proper therapeutic uses in particular and that their knowledge of static machines came from the instruction book furnished by the manufacturer. Under such circumstances a static machine, potent for harm, is just a costly toy, valuable only

for the suggestive impression its glitter and buzz make on the patient—in short an advertisement.

As to its personel, the medical profession of Wisconsin is of high order, courteous, intelligent, high-minded, ladies and gentlemen—most of them.

RESUSCITATION BY DIRECT MANIPULATION OF THE HEART.

The London Lancet of Aug. 19th reports the case of a woman on whom, on account of laryngeal obstruction with feeble, choky inspiratory effort high tracheotomy had to be performed and artificial respiration begun. There was no pulse at the wrist nor any cardiac impulse and no cardiac sounds could be heard. All reflexes had disappeared, the pupils were widely dilated, muscles flaccid, eyes glassy. Various methods of resuscitation were tried without effect. Four or five minutes after the tracheotomy was done the abdomen was opened and the outlines of the heart were easily palpated with two fingers, it was absolutely flaccid. Massage by intermittent pressure was carried on at the rate of 70 to 90 per minute, and at the end of 15 to 30 seconds the heart muscle was felt becoming firm. After a few minutes a slight tremor was noted. Then very slowly the heart began to beat, at first very feebly. Massage was continued for a few seconds longer, when the beats became gradually stronger and quicker, until at last the beart beat at the rate of 90 and more vigorously than on admission. Very soon after the heart began to beat the patient took a rather deep spontaneous breath and gradually respiration became normal. Probably ten minutes elapsed between the time the heart stopped beating and when it began again.

A similar case is told in the N. Y. Med. Journ, of Sept. 2d. The patient was an Italian who had been stabbed in the chest. After removal some six miles to a hospital and administration of strychnine and nitro-glycerine, ether was given, though anesthesia was not at any time complete. There was a long wound down from the left clavicle over to a point below the right nipple, the muscle being entirely cut through, some of the ribs severed at their cartilaginous junction, while at each breath a large portion of the left lung would appear outside of the chest. During the operation the pulse grew imperceptible and the man was apparently dead. A finger passed through the opening made by the injury into the pericardial sac felt a perfectly still heart. This was seized between the surgeon's thumb and forefinger and manipulated for about a minute, when a slight thrill was felt. In presumable five seconds more there was another pulsation from which time the organ gained in strength. The patient recovered. The author believes that the period during which the heart was quiescent before manipulation was begun must have been at least two minutes.

It must not be expected that such a procedure be successful in every instance. The writer heard only a few days ago a surgeon tell of a case of death from chloroform before operation commenced in which he massaged the heart through the diaphragm through a quickly made opening in the abdomen without being able to resuscitate the patient. But new possibilities are opened by these reports and they may well be kept in mind by surgeons.

A FUNCTIONAL TEST FOR DISEASED HEART.

The power of the heart to do its work may be tested as follows: The physician, allowing the patient's elbow to rest in his left hand, supports the wrist lightly with his right. The patient is then made to extend and flex the arm as slowly as possible doing practically no work except that necessitated by the

(Continued from Page 399)

THE WISCONSIN MEDICAL RECORDER

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Letters, Case Reports and Questions are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 OCTOBER, 1905 No. 10

EDITORIAL NOTES.

Dr. F. E. Daniel, editor of the Texas Medical Journal, states that only fifteen per cent of the medical profession belong to the American Medical Association.

It is generally conceded that physicians are not properly paid for making life insurance examinations. The success of a life insurance company depends largely on the thoroughness of its medical examiners. American Medicine suggests that the medical examiner receive one-half of one per cent of the face of the policy. This is an excellent suggestion and one the companies would do well to heed.

The anti-vaccinationists are publishing articles stating that the manufacturers of vaccine preparations use bodies of persons, who died of smallpox, to obtain their supplies of vaccine. This shows how little real argument these people have when they are obliged to resort to such palpable falsehoods.

Dr. Burdick was unable to prepare the regular article, with illustrations in his series on X-ray therapy, for this month's Recorder. However, we think our readers will enjoy reading the article he has furnished for this issue, which gives some new and practical suggestions. Dr. Burdick's illustrated articles will be continued through next year and will be practical and interesting.

Congressman John J. Esch, of Wisconsin, author of the bill for the compulsory installation of the Block System on railroads, has contributed an article to the October number of the American Magazine in which he gives the following statistics of railroad accidents: During the fiscal year 1902, 303 passengers were killed and 6,089 injured; during 1903, 321 killed, 6,973 injured; during 1904, 420 killed and 7,864 injured. For the fiscal year 1904, there was 6,436 collisions, resulting in death to 630 persons, injury to 7,083, and in a property loss of over five millions of dollars, while for the nine months ending March 31, of the fiscal year 1905, there were 4,986 collisions, 500 deaths, 5,911 injuries to person, and a property loss of almost four millions.

These figures furnish food for serious thought.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE INN OF REST. Volume VII of the Doctor's Recreation Series. Diver's Episodes in Hospital Life Relative to the Doctor, the Nurse, the Patient. Pages, 267. Silk Cloth. Illustrated. Price, $2.50. The Saalfield Publishing Co., Akron.

The editor of this series of interesting books, Charles Wells Moulton, has shown excellent judgment in his selection of material for the work and the present volume is a worthy addition to the preceding volumes. As one of the meanings of the word hospital is a guest-house or inn, the title, The Inn of Rest, has been selected as appropriate for a collection of stories and sketches relating largely to hospital life.

"This is the inn that turneth none away,
Where all are welcome though few can pay;
Where no man rattles dice or calls for ale,
But the guests' eyes are dull and their cheeks pale;
Where lamps burn late and all lie long abed;
Where chamber maids, by sleep unvisited,
Move with so pure a pity in their eyes,
And stir their hands in so sweet ministries,
That many a one has fancied in the gloom
Angels did go about the hushful room."

The book opens with "The Invalid's World," by A. B. Ward, a charming sketch presenting the doctor, the nurse and the visitors. 'The Gibson Play" is an entertaining comedy by Marguerite Merrington. "Hospital Scenes and Persons," by Walter Whitman is an appropriate sketch. "Pre-Christian Dispensaries and Hospitals" is a historical sketch of especial interest. "Nurse Miriam's Call," is a charming short story, by Adelaide C. G. Sim. The above are only a few of the selections in the book but they give an idea of the variety of entertaining matter it contains. The book is beautifully printed and bound and contains four full-page plates.

COLOR-VISION AND COLOR-BLINDNESS. A Practical Manual for Railroad Surgeons. By J. Ellis Jennings, M. D., (University of Pennsylvania.) Formerly Clinical Assistant Royal London Ophthalmic Hospital; Professor of Diseases of the Eye, Medical Department Barnes University, St. Louis; Ophthalmic Surgeon to the Centenary Hospital; Ophthalmic and Aural Surgeon to the St. Louis and San Francisco Railway System, etc., etc. Second Edition. Thoroughly Revised with Illustrations. 132 Pages, Crown Octavo. Price, Extra Cloth, $1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

For many years the theoretical problem of color-blindness engaged the attention of the scientific world, but it is only within comparatively recent times that the practical side of the subject has been developed. When it was proved that disastrous accidents by rail and sea were caused by this defect, practical methods of examination were invented and railroad and steamship companies began to require

their men to take examinations showing their vision. As nearly every railroad company now requires these examinations, color-blind men have been weeded out of the service. This is a subject of interest to all physicians and this book presents a comprehensive treatise on the subject. The introductory chapters give the physiological anatomy of the retina, physics of light, theories of color-perception and color-blindness. Then the subject of color-blindness is discussed and methods of detecting it presented. This second edition of the book has been revised and enlarged and several new chapters and illustrations added. The book is interesting, instructive and practical.

BOOK NOTES

A leading article in McClure's Magazine for October is the second part of Ida Tarbell's "Kansas and the Standard Oil Company." An article which will attract everyone is "A Visit at the White House," by Charles Wagner, the talented author of "The Simple Life"; the article is illustrated with portraits of President Roosevelt and his family, and of the author. "Pioneer Transportation in America" is an interesting article by Charles F. Lummus, which will be continued in the November number. This number contains a lot of good fiction and plenty of good pictures in black and white and colors. The editor's announcement of leading articles for early publication assures the readers of plenty of live matter on problems of the day.

From its extremely handsome cover to the last line of text, the American Illustrated for October is a magazine of sustained, wholesome and varied interest. There are a number of well-illustrated, up-to-date articles: "Fire at Sea," by Lawrence Perry, tells of the danger of fire to both grayhound and wind jammer; in "Millions for Minutes," Leroy Scott shows what vast sums have been spent to cut down the running time on railroads between important points: Charles H. Caffin, in his series on American painting, treats post-Revolutionary art and Miss Laut tells the story of Vancouver in her series on the Vikings of the Pacific. There is some live fiction especially good in this number. For $2.20 we send the American Illustrated, the Cosmopolitan and the Wisconsin Medical Recorder all one year and 1,000 premium labels.

The Cosmopolitan for October shows very markly the improvements being made by the publishers. The editorial article of the month is "The Redoubts of Graft and How to Take Them" by Charles Ferguson, author of "The Religion of Democracy." A leading article is "My Life on the Vesuvian Lid" by A. R. Matteucci, director of the Royal Observatory on the Crater of Vesuvius. No man on earth occupies so peculiar a chair as this distinguished professor of the University of Naples, who lives in bachelor solitude on the very crater of this terrible volcano. This is the first time an account of his curious life has been published and it is illustrated with his own unique photographs. "Restoring the Bison to the Western Plains" by Major G. W. Lillie ("Pawnee Bill") is a good plea for the saving from extinction of this typical American animal; the article is freely illustrated. "The Crisis in Scandinavia," by Hjalmar H. Boyesen discusses the benefits coming from the split between Norway and Sweden. "The Real John Weaver" is a good character sketch by Wm. R. Stewart. "Paul Morton—Human Dynamo" is a timely article by Edwin Lefevre. This number also contains several other articles, eight short stories, and one hundred illustrations. $2.20 we send The

Cosmopolitan, The American Magazine, (Leslie's Monthly) The Recorder all one year and 1,000 premium labels. This is a club bargain worth improving while it is open.

Thomas Lawson in the October number of Everybody's Magazine, tells of that "supremely daring brigand of frenzied finance," F. Augustus Heinze, the Montana opponent of "Standard Oil." No duelists ever had more at stake than Heinze and Mr. Lawson in their memorable war of millions, waged in a single night, when both men risked everything—and Lawson won. Somber and terrible is the picture of the Russia of the moment which Ernest Poole gives in his striking article, "Peasant Cattle," which condemns the brutal Cossacks from their own mouths. To check the development of such enemies of society as these two articles portray, the State of Ohio founded its Industrial School for Boys, a wise, cheerful institution of which Eugene Wood gives a readable account. An interesting article is Eleanor Hoyt Brainerd's illustrated description of the group of efficient young men who are "The Artist Dressmakers of Paris"—Worth, Paquin, Beer, and the rest. The wonderful career of "Ella Rawls Reader, Financier," by Juliet Wilbur Tompkins, is continued, and the autumn theaters are thoroughly discussed in "The Players."

The complete novelette in the October Lippincott's is "A Manila Madness." Its author is Frederick Reddale, whose earlier works, "The Other Man" and "A Transaction in Rubies," have also been brought out by this magazine. His latest production is primarily a mystery story possessing an intense love-interest. The plot is hatched at Manila, but quickly shifts to New York City for the scene of its unravelling. A millionaire, whose one cross in life is a nomadic son, tries to draw up his will so as to control the future of his boy and anchor him to civilization. In distant Manila the wanderer learns of his father's taking-off and of the fortune that has been left to him—with "a string to it." Remorse and resentment fight for supremacy in facing these conditions. Then something happens—this something is the absorbing tale of "A Manila Madness." Lippincott's is happy to be able to present fiction by the Honorable John Hay. "The Blood Seedling" is a good story, well written, and rests not only upon the late author's distinguished name, but upon the sympathetic treatment of a strong plot. In addition to two longer stories there are eight shorter ones of clever variety. Maud Howe contributes another delightful travel-paper about "Anacrap" and "One of the Seven Jewels," which keeps the pace of the previous contribtion. The bright department called "Walnuts and Wine" produces choicest specimens of autumn vintage.

RUNDSCHAU

(Continued from Page 395)

effort to keep the forearm from moving more rapidly. The pulse is counted before and after the test. If the heart is normal there is practically no difference in the two pulse rates, but the slightest morbid condition shows itself in a marked retardation of the heart's action as a result of the test. In obesity the test is positive when there is actual degeneration of he myocardium, but not when the interference with the heart's action is purely mechanical, that is owing to the deposit of fat around the heart. This test, given in the Deutsche Med. Wochenschr., is easy of application and may be of considerable usefulness, especially for the life insurance examiner.

THE DOCTORS' WORLD

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Pneumonia.—E. F. Wells, (J'l. A. M. A., Oct. 14) points out that pneumonia is most frequent in early childhood, and next most frequent in full maturity from 30 to 50 years of age.

Treatments of Infections Following Operations for Cataract—A. Bourgeois always examines the eye on the day after the operation. Two sorts of conditions may present themselves: Lesions which begin in the cornea, and appear twenty-four hours after the operation. These are the most grave. And those which have their origin in the uveal region, and show themselves on the fifteenth or eighteenth day. These are less grave. The treatment employed by the writer is the method of subconjunctival injections of sublimate, or better, cyanide of mercury, 1 centigram to 10 grams of distilled water. A few drops of the solution of cocaine, 1-20, are added. If the infection is severe two injections a day are given. In cases not severe, four or five injections suffice. In the severe infections, eight injections arrest the infection. The local treatment consists of atropine, belladonna frictions, galvanocauterization, and so on. These measures should not be neglected any more than the general treatment. This method of treatment has met with excellent success.—Recueil D'Ophtalmologie.

Treatment of Non-Suppurative Acute Otitis Media.—Dr. W. Pritchard, M. D., F. R. C. S., aural surgeon King's college hospital, in the British Medical Journal, gives the following excellent summary on this subject. Teach mothers to put a mustard leaf behind the ear instead of a septic onion and suchlike into the external meatus, and then fewer cases would run on to suppuration. In the earliest stages, gentle, not forcible, politzerization (not catheterization) will often relieve the pain at once, and tend to cut short the attack. Counter-irritation behind the ear is always most valuable, and will often arrest the otitis and relieve the pain. Instillations are only occasionally advisable; when used, should be strong anodyne solutions—for example, cocaine, or morphine in an antiseptic medium. Carbolic and glycerine has been strongly recommended; also adrenalin with cocaine; but I do not think them of much service.

Heat in the form of very hot fermentations, or hot bran bags, is very useful. Leeches in front and below the ear are very valuable in very acute cases.

Incision of the membrane is called for when there is a marked bulging of the membrane. The meatus must be purified and afterwards dressed antiseptically to avoid suppuration.

Purgatives are nearly always necessary. Phenacetin or antipyrin, etc., may be given to relieve the pain. Pharyngeal treatment is usually required, but nasal douches or irrigations must be absolutely avoided.

After-treatment. — Politerization should always be employed; it will restore the hearing and prevent adhesions. If adenoids are present they must be removed.

MODERN THERAPEUTICS

Brief Original Communications and Short Abstracts
Giving the Latest in Therapeutics

MODERN THERAPEUTICS AND PHARMACY

By Frederick Hadra, M. D., San Antonio, Texas.

In speaking of ethical proprietaries, he says: "I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgment as to banish all or most of these drugs from his practice without investigating their merits. So, if we desire a local antiphlogistic effect, and have to choose between the ancient, unsightly, unhygienic and troublesome flax-seed poultice and the newer proprietary article called Antiphlogistine, a physician must needs be prejudiced, indeed, who will prefer the former . . . It may be a matter of theoretical indifference what preparation we prescribe, but it may be quite a different matter with the patient who has to use it for long periods."

"Does it not strike you as somewhat incongruous that we alone of all professions and trades should rise up in arms against a co-ordinate branch which is continually striving to assist us in improving our therapeutic weapons? If we would take advantage of the opportunity offered to make intelligent selection of such preparations of drugs of reliable concerns as appeal to reason and common sense, those of us who do so will certainly have an advantage over those who do not."

As regards the refilling by the druggist of prescriptions of proprietary remedies, he says: 'If I am called to treat a sprain of the ankle, and find it necessary to order an antiphlogistic application, it would be just as easy for the patient to send to his druggist daily for more flax-seed meal or iodine, as it would be for him to order more cans of the more cleanly proprietary preparation, Antiphlogistine. A tonic or cough medicine, quinine mixture or capsule would share the same fate whether proprietary or extemporaneous." . . .

"If the intelligent use of the drugs mentioned is not injurious per se, why should we protect the laity against their use any more than against the employment of any other drugs? Would the committee advocate the abandonment of calomel, castor oil, mag. sulph., quinine, flax-seed meal, paregoric, laudanum or carbolic acid because the laity can also go to the drug store and purchase these just as they can Cascara preparations, Phenacetin, Listerine, Antiphlogistine, etc.?"—Extracts from an article in the Texas Medical Journal for March, 1905.

THE STAGE OF EXHAUSTION

In the treatment of alcoholism and dipsomania, the physician is called to the case at the stage of exhaustion or prostration and a general derangement of nearly every function. Neurosis, cerebral congestion, cardiac acceleration, gastric and mesentric disturbance, nausea, retching, intolerance of food, intense irritation, insomnia and an endless variety of morbid sequelae, require prompt attention.

It will be found that antikamnia in combination with codeia will give a most prompt and satisfactory response in relieving all the array of symptoms

so distressing and usually so obstinate as to defy all ordinary therapeutical interference. The best method is to administer one Antikamnia & Codeine Tablet (antikamnia gr. 4¾, codeine gr. ¼) every fifteen minutes to a half hour, until three are taken, then widen the interval to one and a half to two hours, according to the urgency of the symptoms. Under this treatment the circulation will modify, the cardiac pains subside, the tremor, anxiety and morbid vigilance will give way to rest, quiet, calm and peaceful sleep. The nausea and vomiting, together with the irritable coughs which so frequently characterize these cases, will all disappear.

The superior results obtained with "Antikamnia & Codeine Tablets" are due, in a great measure, to the fact that the manufacturers refine and purify all of the codeia which enters into these tablets, and this prevents the constipation, depression and habit which frequently follow the administration of preparations containing ordinary commercial codeia.

EARLY INSANITY

Insipient insanity is often manifested by restlessness, and unnatural sensitiveness and self-consciousness, and the persons exhibiting such symptoms are said to "act queerly." It is most often seen in young people over the age of puberty and is the result, most commonly, of sexual excesses. The symptoms indicate an impending nervous breakdown, and if not checked, will end in mental disaster and dementia.

Treating of this condition resolves itself into rest for the brain and improvement of the moral and physical health generally, but it is useless to encourage mental work when the brain and nervous system are in a state of weakness and exhaustion.

A calmative influence is necessary, and this is effected most readily and satisfactorily with Daniel's conct. tinct. passiflora incarnata because as a sedative it induces natural rest and leaves the organs of the body unhampered and performing their normal functions. After this remedy has removed the extreme nervous tension it is well to prescribe pure air and cheerful companionship with a healthy moral tone. These tend to divert the thoughts and relieve monotony, and the result is soon seen in the increasing strength of the body, and the activity of the mental processes which promptly reassert themselves.

"Every physician understands only too well the treacherous and baffling nature of rheumatism, neuralgia, gout and kindred ailments, no matter where located, and how difficult it is to treat them successfully. Hence it is on account of its extraordinary intrinsic merits that after 25 years of constant use by thousands of physicians tongaline is still recognized as the most relaible remedy in the treatment of rheumatism, neuralgia, grippe, gout, headaches, sciatica, lumbago, etc.

Tongaline by its therapeutic action neutralizes the poisonous secretions which cause the diseases above mentioned and expels these poisons promptly and thoroughly.

The ingredients of tongaline have been so happily chosen and the quantities so skillfully adjusted and compounded that no remedy in the history of the world has been as successful for those particular ailments in which it is indicated."

A good remedy for relaxation of the womb and its appendages is Aletris Cordial Rio; it strengthens the uterine organs, and at the same time corrects the co-existing general weakness.

It's Not Hard

to understand why discriminating physicians prefer Hydroleine to all other forms of cod-liver oil. It's the one emulsion that is prepared by physiological methods to meet physiological needs. It is more digestible, more absorbable, and more utilizable than any other emulsion. It's pancreatized, of course; but that's only half the story. Write for literature and sample. Sold by all druggists.

THE CHARLES N. CRITTENTON CO., Sole Agents,
115-117 FULTON STREET, NEW YORK

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Awarded Gold Medal Louisana Purchase Exposition.

The Standard Antiseptic

LISTERINE

Awarded Gold Medal Louisiana Purchase Exposition.

A non-toxic antiseptic of known and definite power, prepared in a form convenient for immediate use, of ready dilution, sightly, pleasant and sufficiently powerful for all purposes of asepis—these are advantages which Listerine embodies.

The success of Listerine is based upon merit, and the best advertisement of Listerine is—Listerine.

LISTERINE DERMATIC SOAP

An antiseptic detergent for use in the antiseptic treatment of diseases of the skin

Listerine "Dermatic" Soap contains the essential antiseptic constitutents of eucalyptus (1 per cent) mentha, gaultheria and thyme, (ea. ½ per cent), which enter into the composition of the well-known antiseptic preparation Listerine, while the quality of excellence of the soap-stock employed as the vehicle for this medication, will be readily apparent when used upon the most delicate skin, and upon the scalp.

Listerine "Dermatic" Soap contains no animal fats, and none but the very best vegetable oils; after its manufacture and before it is "milled" and pressed into cakes, a high percentage of an emollient oil is incorporated with the soap, and the smooth, elastic condition of the skin secured by using Listerine "Dermatic" Soap is largely due to the presence of this ingredient. Unusual care is exercised in the preparation of Listerine "Dermatic" Soap and as the antiseptic constitutents of Listerine are added to the soap after it has received its surplus of unsaponified emollient oil, they retain their peculiar antiseptic virtues and fragrance.

Awarded Gold Medal Louisiana Purchase Exposition.

A sample of Listerine Dermatic Soap may be had upon application to the Manufacturers

LAMBERT PHARMACAL CO. ST. LOUIS, U. S. A.

Awarded Gold Medal Louisiana Purchase Exposition.

"WE CANNOT BE TOO OFTEN REMINDED"

In treating diseases of women particularly those due to menstrual irregularities, Hayden's Viburnum Compound enjoys an enviable reputation. Young girls arriving at womanhood are relieved of many of those agonizing sensations incidental at this critical period by the administration of "H. V. C." In painful or delayed menstruation it affords relief and the genuine "H. V. C." can be prescribed with an assurance of satisfactory results.

Stegomyia fasciata has produced an epidemic of yellow fever in certain sections of Louisiana and adjoining states.

Stegomyia punctata has inoculated thousands with virulent malarial germs throughout the balance of the Mississippi Valley.

Tongaline, Mellier, in one of its forms as indicated, antagonizes and destroys the effects of these parasites on account of its extraordinary eliminative action on the liver, the bowels, the kidneys and the pores, whereby the poison is promptly and thoroughly expelled.

Judging from communications recently received, our reference to the "stegomyia fasciata" in connection with the "stegomyia punctata" has caused some physicians to suppose that we recommend Tongaline for yellow fever. This we emphatically disclaim. The mention of these two species of mosquitos was for the purpose of indicating that the mode of inoculation of yellow fever and malaria was precisely the same, and a careful reading of our statement will show that we had no intention to suggest that Tongaline was indicated in yellow fever, but, on account of its pronounced eliminative action, it does possess decided therapeutic value in the treatment of malaria. We regret exceedingly that the notice referred to should have been misunderstood or misconstrued by anybody.

MELLIER DRUG CO., St. Louis.

DOCTOR—Can you afford to subject your health to storms and other winter exposures, when a few dollars will pay for a RUSSELL STORM SHIELD which will give you protection. We have supplied many satisfactorily. We can give you the worth of your money. Do you want to know what others say who have used them.

RUSSELL STORM SHIELD Mfg. Co.

DEEPWATER, MO.

LIQUOZONE VERSUS GLYCOZONE

In a recent issue of the New England Medical Monthly is an editorial setting forth the facts that much confusion had arisen over the similarity of name Liquozone and Glycozone, and furnishes the following incident: "The name 'Liquozone' is confusing druggists and even doctors with another legitimate preparation, 'Glycozone,' to such an extent, that in March last the editor of the New England Medical Monthly called at a drug store in Mount Clemens, Mich., asking for a bottle of Glycozone, when the clerk turned around and supplied him with a bottle of Liquozone.

"Upon my remarks that I did not ask for a bottle of Liquozone but for a bottle of Glycozone, spelling the name at the same time, he apologized, stating that he understood that I wanted a bottle of Liquozone.

"This instance shows plainly that the confusion which has been created not only on account of the fallacious claims but also on account of the soundings of the two names 'Liquozone' and 'Glycozone,' which is practically the same, is misleading to the limit."

The incident is very similar to one which happened to an editor of this journal but very recently. He was at Atlantic City, N. J. and sent to a drug store—said to be a first class one—for a bottle of Marchand's Glycozone, when he received a bottle of Liquozone. The mistake seemed inexcusable and goes to confirm what the Journal quoted says about the confusion of names. And too, it must be remembered that great injustice is being done and old and tried medicine—Marchand's Glycozone—by a late nostrum put in the field, and which has received the condemnation of the San Francisco Board of Health, in the following words in the report of the Health officer.

"I therefore recommend that it be condemned by the Commissioners of Health, as a pernicious and unsafe drug. It may be used as a disinfectant for trains, urinals, stables, etc., and probably no objections could be urged against its external use by an individual to exterminate barber's itch.

"I therefore recommend that the same action be taken in respect to this deleterious drug as is prosecuted by your honorable commission in the case of impure food, viz.: that the police department and our department act conjointly to have it removed from the shelves of all dealers handling this drug, and that the selling, exposing for sale or giving away of Liquozone, in the city and county of San Francisco, constitutes an offense, the violation of which will be followed by arrest of the offenders.

"Respectfully submitted,
"D. F. Ragan, M. D.,
"Health Officer."

Editorial from the Louisville Monthly Journal of Medicine and Surgery, September, 1905.

Battle & Co., St. Louis, have just issued the seventh of their series of twelve illustrations of the Intestinal Parasites. They will send the series free to physicians on application.

The year's numbers of the Recorder make a bound volume of original matter worth preserving. For sixty-five cents we bind the Recorder in black leather and cloth and send the book by prepaid express.

Cystogen is efficient in prophylaxis, preceding and succeeding operative proceedures in the genito-urinary tract, preventing the infection of the cut parts. Five grain doses should be given four times a day, for one or two days preceding an operation, and this treatment continued until the cuts are healed.

BRIEF MENTION

Cure your hernia cases. The Ideal Chemical Co., St. Paul, Minn., will tell you how to do it.

The Aulde Chemical Co., 1305 Arch St., Philadelphia, Pa., will send free of charge a valuable lot of samples and booklets.

The Manhattan Eye Salve Co., Owensboro, Ky., makes valuable and convenient eye salves. Write for sample and price list.

Dermol and zemotol are useful in treating skin diseases. Samples free from the Chicago Pharmacal Co., 141 Kinzie St., Chicago.

The Alpers Chemical Co., 4-6 White St., New York, will send sample of triacol on application. Triacol is useful in bronchial and pulmonary troubles.

At this season of the year you can use tongaline every day. If you are not using it send to the Mellier Drug Co., St. Louis, for a supply of samples.

If you are not familiar with Highland evaporated cream we advise you to send at once to the Helvetia Milk Condensing Co., Highland, Ill., for free sample.

The last issue of the Journal of Animal Therapy is very interesting. A copy may be obtained free of the editor, Dr. Joseph Hawley, 509 Stewart Bldg., Chicago.

It is generally conceded that the best tincture of veratrum viride is Norwood's. R. Halford, Mount Lebanon, New York, will send interesting literature on the preparation.

When you are in need of reliable surgical instruments write to Huston Bros. Co., 35-37 Randolph St., Chicago. This firm carries a full line of surgical instruments and sells them at reasonable prices.

When you buy a typewriter be sure to write to Stumpf & Yaw, 414 Broadway, Milwaukee, for full particulars regarding the Densmore. This firm also sells typewriter supplies and second-hand typewriters of all makes.

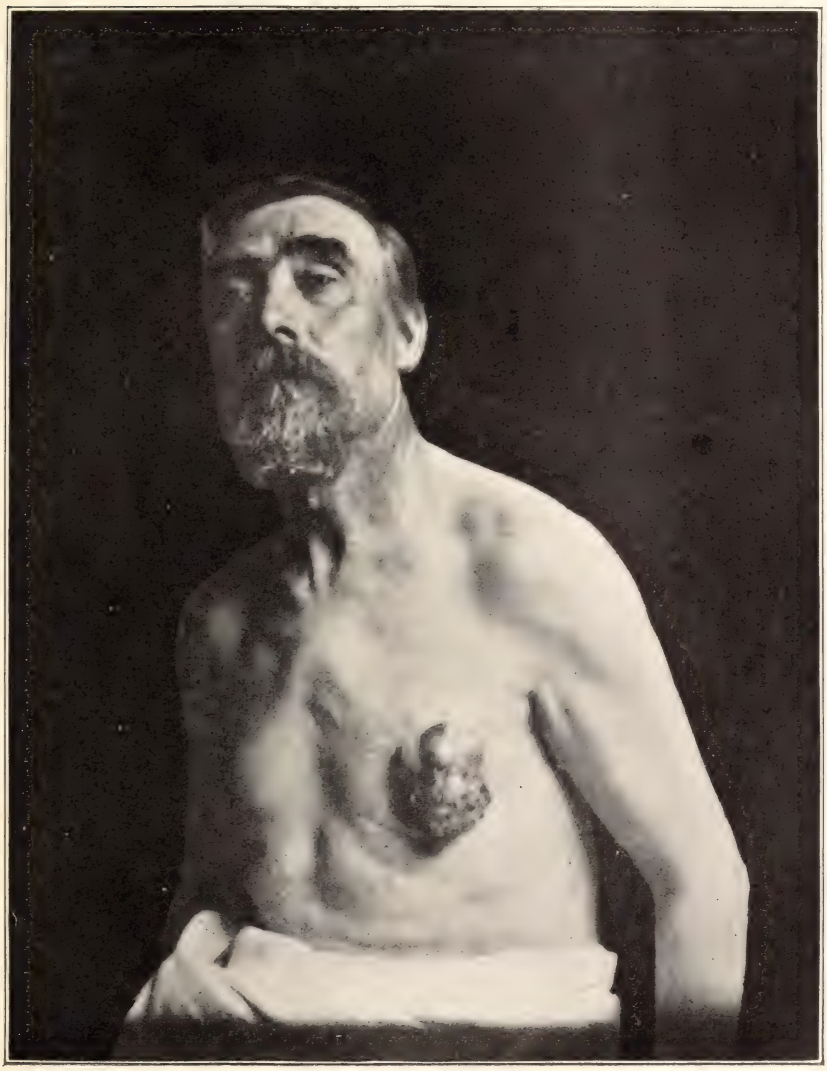
In the September number of the Recorder we published an article on the treatment of uterine diseases, with pinus canadensis by W. T. Marrs, M. D., which has attracted considerable attention. Inquiries have been received asking what preparation of pinus canadensis Dr. Marrs used, and in reply he states that he used Kennedy's.

A Louisville physician has recently written the manufacturers of Listerine Dermatic Soap:—"Received your sample of Listerine Dermatic Soap, a piece of which I lathered and rubbed with unguent-hydrarg and found that as a result I had a most esthetic mixture for the skin demanding mercurials. In giving X-ray treatments I have long felt the want of such a soap, as it is cleansing, cooling and antiseptic. Just the thing for acne, lupus, etc."

Recent textbooks call attention to the most important of modern physiologic discoveries—cell life and lecithin, the phosphorized extract of animal and egg-cell activity. Phospho-Albumen (syrup di-oleyl-lecithin) contains lecithin in such proportions as to commend it to the thoughtful practitioner, who will readily recognize its great usefulness in rachitis, neurasthenia, lymphatism in the cachexias, anemias and all conditions arising from fatty metabolism and malacia. Physicians who are not familiar with this product, which is the pioneer of the animal extracts, will be cheerfully furnished with samples sufficient for a careful trial. Address the Phospho-Albumen Company, Station M., Chicago, Ill.

X-RAY TREATMENT OF SARCOMA

By G. G. BURDICK, M. D.

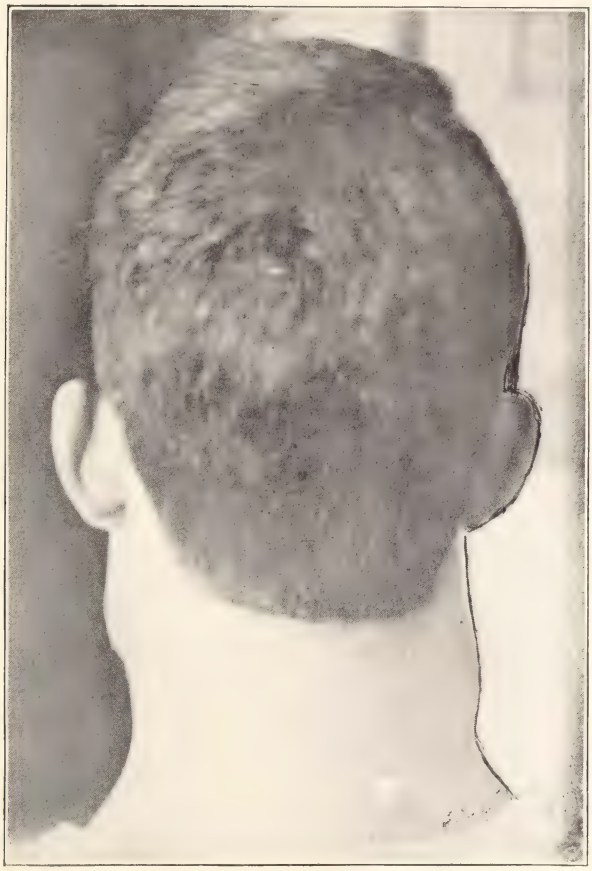


Case 4. Round cell sarcoma. Tumor disappeared in 20 treatments, following a severe dermatitis. No recurrence in 3 years.

Osteo-Sarcoma of Forearm.

Case No. 44. Osteo-Sarcoma of Ulna. Successfully treated by X-Ray. Case not reported yet.

This arm was treated by some of the most eminent men in the world for rheumatism. The X-Ray showed sarcoma of the bone to be the trouble after all other diagnostic methods had failed



Case 16. Showing involvement of glands. Treatment successful.

Case 23. Round cell sarcoma of ear.

PRACTICAL SURGERY

By C. C. MILLER, M. D.

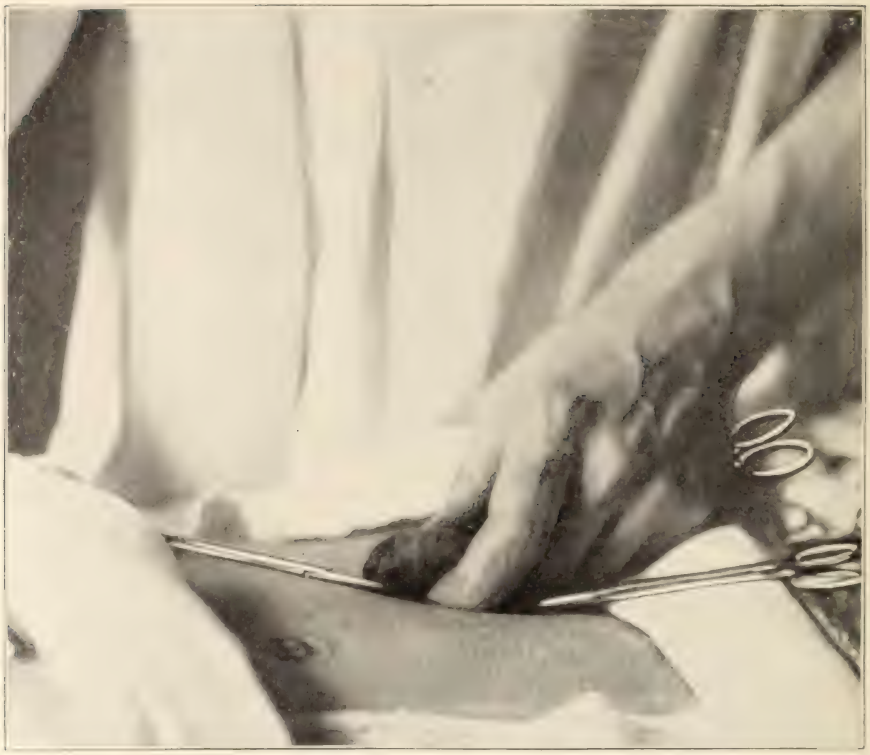


FIGURE I

Figure 1. The operation for forming an artificial anus in the inguinal region is a simple one. The incision having been made through the abdominal wall, the surgeon searches for that portion of the bowel which he wishes to open and draws it well through the abdominal wall as is shown in the illustration.

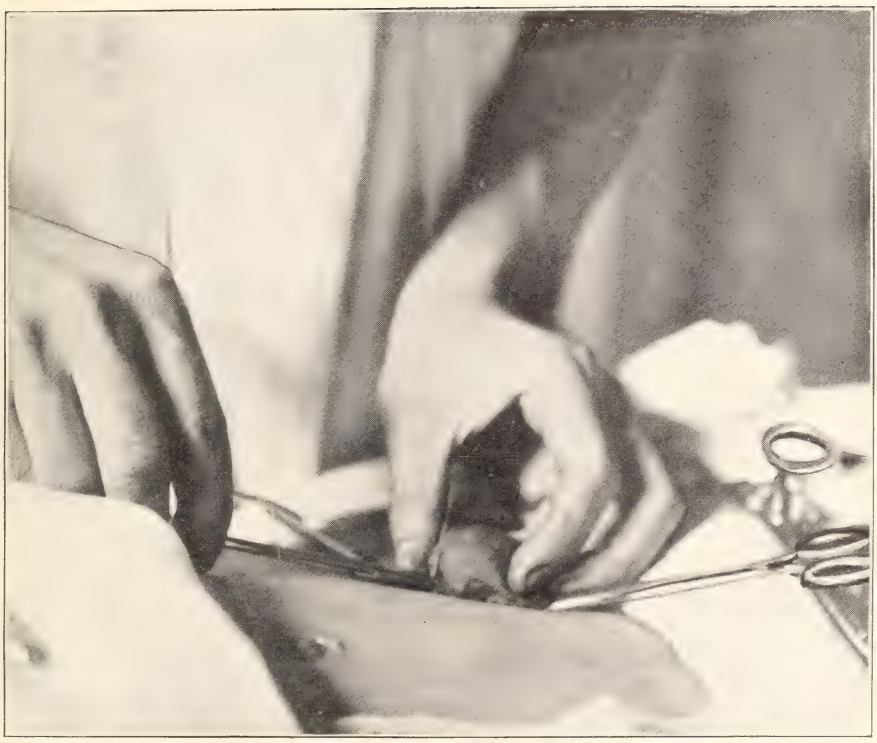


FIGURE II

Figure 2. In order to insure the bowel loop being retained outside the abdominal wall a hole is made in the mesentery. Figure 2 illustrates the manner of using forceps for this purpose. Care is taken to avoid opening any of the large blood vessels of size in making this puncture.

FIGURE III

Figure 3. A test tube has been passed through the opening in the mesentery. The test tube should be small and free from cracks. It is then amply strong for this purpose and may be sterilized by boiling. The gut should be sutured to the skin margins before the dressings are applied.

The Wisconsin Medical Recorder

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Vol. VIII NOVEMBER, 1905 No. 11

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 345 September Recorder)

SARCOMA.

The small number of cases reported cured by strictly X-ray operators, of this disease is remarkable. The reports eminating mainly from people who are making the Roentgen ray a secondary part of their business. In conversation and correspondence with some of the most noted operators, I find that every one of them has a great number of successful cases to record, but they are reluctant to commit themselves for fear of the repetition reports of this kind receive from the medical profession. They all realize that a more desirable and successful method of treatment is expected by the profession than the Roentgen ray has proved to be up to date, and are just as firmly convinced that the ray is the most successful treatment we have ever found in this disease. They recognize its limitations better than any other members of the medical profession, and have been fearful of starting an avalanche of cases to their laboratories before the method has been on trial for a number of years.

There must always be some reason for a medical man to reach a conclusion, and it is usually based upon clinical experience, so when a new treatment is under consideration it is well to make a critical study of the clinical material used. While case reports are usually tiresome reading for the ordinary physician, to the specialist they form a clear mental picture of the conditions surrounding the clinic while the cases were under treatment.

I shall report all of my sarcoma cases to date that have not been under treatment for three years.

Case 1. G. W., age 25, May 3, 1898—Clinic Post Graduate Hospital, had been under treatment for three months with Coley's toxins for a round cell sarcoma of the shoulder. This was a very rapidly growing sarcoma which reached the size of a child's head in four months. The persistent use of the toxin treatment seemed to arrest the disease for two months, when a slow but steady growth began. The pain was terrible, requiring liberal doses of morphine to relieve it. The apparent failure of the treatment led me to at-

tempt to make a skiagraph, in order to determine the possibility of an operation giving him any relief. I had in use a 24 plate static machine, and it required quite a number of exposures before a successful skiagraph was made, whereupon my attention was called by the patient that he had not taken any morphine and that the pain had ceased after the second exposure. When he returned three days later it was remarked that the tumor had lessened in size considerably, and the man begged that the treatment be continued as he said it made him feel better, so in order to please him and gain the experience myself without the faintest idea of doing him any good, his request was granted and he was under treatment for six months with the Roentgen ray, with the result that the tumor disappeared completely, and the man remained free for two years when he passed from my observation. Afterwards a patient that had been referred to me by this man reported him in good health up to January 18, 1904, the time that he had left him. The remarkable result in this case led me to try the remedy upon a number of cases then under treatment with the toxin in my clinic.

Case 2. Mrs. A. M., age 43, Post Graduate Hospital, June 14, 1898—Sarcoma of the glands of the neck. Had been under toxin treatment for four months, tumor disappeared once under the treatment, but returned again in the same locality. Her general condition was good, no metastases could be found. She was put under the X-ray treatment from a twenty-four plate static machine for fifteen minutes three times a week. The results were, immediately pain ceased, and the tumor decreased steadily in size, and eventually disappeared, and in four months she had made a complete recovery. She remained free from the disease until April the 12th, 1903, when she died with pneumonia.

Case 3. Master George S., age 17, Post Graduate Hospital, June 12th, 1898—Osteo-Sarcoma of the left forearm, involving radius, growth first noticed four months previous to admittance to clinic. Under toxin treatment, growth arrested for one year, when it recurred and grew rapidly. The toxin treatment had no further effect, his general condition was extremely bad, and amputation was refused; he was put under X-ray treatment which stopped the pain. After ten treatments an apparent arrest of the growth, which began slowly to shrink in size, until the diameter decreased one inch. An unfortunate accident resulted in breaking the tube I had been using, although it was replaced immediately by a new one, no further improvement was noticed, and the growth began again, and had attained its former size when he was induced to submit to an operation by one of our surgeons. The arm was amputated August the 20th, 1898, and a vigorous recurrence took place within four weeks. Another operation was done higher up, but an immediate recurrence took place and he died.

Case 4. Dr. G. M. R., age 46, private patient, June 14th, 1899—Inoperable Osteo-Sarcoma of the shoulder joint, larger than a man's heal. Had attained this size in six months, pain had become unbearable. He had traveled to many cities to see some of our most noted surgeons, who would not advise operation, when he was referred to me. Examination revealed an osteosarcoma of the head of the humerus, clavicle and scapula. The enormous extension of the growth into the axillary space made his arm stand out at an angle of 30 degrees from the body. I told him frankly that I did not think that the X-ray or any other thing would help him, but if he wished to come and take the treatment I would be glad to give it to him. He came from a town 220 miles distant in Indiana, three times a week, and kept it up for one year. The growth shrunk so that his arm would come in contact with his

side, and the pain was relieved so much that he could stop taking morphine and in three months resumed the practice of medicine. His general health improved, and no further advance of the disease was observed until four years afterwards when the disease began to develop in the arm which had been protected with tin foil during the treatment. A mild burn developed at the end of a year's treatment, and portions of the tumor broke down from time to time, and a quart or more of colloid material would discharge. This has continued even up to the present time, and probably has contributed in no small way to his present condition. Within the last year he has had to give up practice, as it is such an effort for him to go about, and it seems as if the end must be near.

This patient was exhibited before the members of the Chicago Medical Society. He has been one of the most grateful patients I have ever treated, and feels that he owes at least five years of life to this method of treatment. A cure cannot be claimed in this case, but a disease that threatened to terminate his life in a few months, was stopped and held in abeyance for four years. Moreover no further growth or metastases formed, no further growth took place from the tumor towards the body, and unquestionably this was due to the X-radiation he received.

Case 5. Mrs. W., widow, age 58—Osteo-Sarcoma of Femur. Tumor size of a child's head, pain severe, health bad, very anemic, tumor noticed three months previous, growth very rapid, began treatment June 22nd, 1899, with an old well plated hard tube, and continued until September 16, 1899. The tumor decreased two inches in circumference, general health improved, no metastases found. Treatment was not resumed owing to financial difficulties. No further growth in two years when she died with pneumonia. No autopsy was allowed. In this case it is safe to say that an actual cure was brought about, as sarcoma of the extremities is rapidly fatal.

Case 6. Mrs. C., age 38, married—Fibro-Sarcoma of Breast about the size of an adult fist. Treated at clinic of Post Graduate Medical School. Family history negative, began eight weeks before as a rapidly growing lump in the breast. A section was removed and pronounced fibro-sarcoma, operation advised and refused, began treatment with X-ray June 26, 1899, using an old well plated hard tube, treatment was continued until October 18, 1899, when the tumor had completely disappeared. This case was exhibited to the Chicago Electro-Medical Society several times during treatment. I was able to keep in touch with her for two years and no recurrence took place. She moved to the west and cannot be traced. A cure can be claimed for this case.

Case 7. Tillie M., age 6 years, a well nourished child. History of a fall at four years slight injury to leg. Tumor began to grow twelve weeks before she was brought to the laboratory for a skiagraph. Diagnosis, osteo-sarcoma, tumor symmetrical, diameter of leg measured three inches. The tumor involved the upper third of the tibia, pains so bad she was unable to sleep. She was treated daily from July 8th, 1899, with an old well plated tube. The tumor shrunk steadily until it was barely perceptible, when she was taken home by her father, no recurrence took place for three years when she passed from our notice, letters being returned. A cure can also be claimed in this case.

Case 8. Minnie S., age 9—Osteo-Sarcoma of the radius. Tumor size of a large fist, slow growing, began six months before presenting herself. July 12, 1899, she was treated with a new high tube until September 11, 1899, when a severe dermatitis developed. Slight improvement was noticed in the beginning, but the tumor did not absorb and after the burn was produced it

began to grow rapidly, a prompt amputation was done, but recurrence took place within eight weeks; vigorous treatment was again given with the ray with apparently no result. In the light of present experience several mistakes were made, first in using a new tube, and second by producing a burn, something that should never be produced in sarcoma.

Case 9. Mrs. E., age 64—Recurrent Fibro-Sarcoma of the Breast, Post Graduate Hospital, April 22, 1899. After the removal of the breast for a slow growing sarcoma, a recurrence took place before the wound was healed, and in four weeks had attained the size of a child's head, and numerous metastases had formed in different parts of the body. The growth was rayed vigorously with a new tube which checked the growth for a while, but did not relieve the pain for more than 24 hours after each treatment, then an irritation was produced and it begun to grow rapidly, and metastases formed within the lungs and death resulted in ten weeks.

Case 10. Mrs. A., age 28, Post Graduate Hospital Clinic—Round Cell Sarcoma of Breast. Appeared six months before she sought medical advice, a small section was removed with a hollow punch and the diagnosis confirmed. I began treatment August 4th, 1899, with a new high tube, but no improvement was noticed, and in fact it seemed as if it had grown while under treatment. A lucky change to an old well plated tube caused an immediate change to take place, the tumor began to shrink and after six months' steady treatment completely disappeared. She remained free from the disease for four years when I lost trace of her.

Case 11. John M., age 11—Osteo-Sarcoma of the Femur. Tumor appeared four months previous and had grown to the size of an adult's head, considerable pain and disability were present. Began treatment August 28th, 1890, with a new hard tube, but passed the ray through 1-32 of an inch of aluminum. A slow but steady absorption took place until the tumor was reduced to about one-half of its former size, pain disappeared and the movement of the leg was much improved. He was under treatment four months, and after three years the growth had not enlarged. Subsequent history not known.

Case 12. George T., age 52—Round Cell Sarcoma of Breast of four months' duration. The size of an orange, broken down in the center discharging a thin gummy fluid very painful and irritating. Began treatment at the Post Graduate Hospital Clinic, Sept. 21, 1899, with a hard tube, and was rayed daily for one month. Ulcer healed up, but a distinct growth had taken place. A piece of aluminum foil was placed over the parts and the ray continued three times a week, with a steady reduction in size of the tumor, until it almost disappeared, leaving a lump the size of a filbert. No recurrence took place in three and a half years, he resuming his occupation as that of a carpenter.

Case 13. Willie J., age 14—Round Cell Sarcoma on Cheek which had grown to the size of an egg in ten weeks, when it first put in its appearance. A section was taken out and diagnosis confirmed. Treatment begun October 28, 1899, at Post Graduate Hospital Clinic with an old well plated tube. Ths case did well from the start, the tumor receded steadily until it could no longer be detected. No return in three and a half years.

Case 14. Henry M., age 48—Osteo-Sarcoma of Ischium of one year's standing, very painful, with swelling and disability. Began treatment at Post Graduate Clinic, November 10th, 1899, using a new hard tube sending the ray through a grounded aluminum screen, with good results, and the tumor had reduced to one-half in size and he was able to resume his occupation of carpenter. He was treated three times a week until June 8th, 1900, when he

was in a very satisfactory condition. There has been no further growth in five years and he considers himself cured.

Case 15. Jennie H., age 28, stenographer—Post Graduate Hospital. Complained of increasing constipation, and attacks of frequent vomiting. Tumor in neighborhood of appendix; operation revealed a large round celled sarcoma of the head of the cecum, obstructing the iliocecal valve, an anastimosis was made above the obstruction and as soon as she was able to be up radio-therapeutic treatment was begun January 6th, 1900 and continued for six months. A slow but certain absorption took place and when the treatment was stopped no tumor could be felt, and she was in good health. A high hard tube was used and the ray sent through one-sixteenth of aluminum, ten minutes' treatment three times a week, with two milliamperes of current, crowding the tube to its fullest capacity. No burn or irritation was produced. Up to the present time she has experienced no further trouble from the disease.

Case 16. Milton G., age 24, colored —Round Cell Sarcoma of Jaw, with considerable involvement of glands in the neighborhood, trouble began six months previously and was supposed to be tuberculosis. An operation was attempted but was stopped as soon as the nature of the disease was discovered. We began to treat him February 4th, 1900, at my clinic at the Illinois School of Electro-Therapeutics, with a high well plated tube, after five months' treatment the tumor disappeared and has had no recurrence in five years, working steadily as a waiter.

Case 17. Mrs. E., age 56—Spindle Cell Sarcoma of the Breast, removed March 12th, 1900, a radical operation being done. April 6th, 1900, it recurred in a more violent form, and grew so rapidly that an attempt was made to destroy it with the galvano-cautary. The pain and prostration were so extreme that it was with the greatest difficulty that she could be brought to my office in order to see if its progress could not be checked by means of the ray. Treatment was given vigorously with a hard tube and in two weeks the recurrent growth was checked at least temporarily, but it became evident that a brain involvement was present which later proved fatal, she being of so vain a character that she would not agree to the possible loss of hair while an attempt was being made to stop the growth. Treating cases of fulminating sarcoma with the X-ray would be on a par with fighting fire with a tea pot, handicapped on one side with medico-legal restrictions, and on the other hand by the known destructive effect of the ray, so we must necessarily err on the safe side.

Case 18. George C., age 8—Post Graduate Clinic, Spindle Cell Sarcoma of hand following an infection. Appeared in clinic June 16th, 1900, hand nearly twice its normal size, and giving a sensation of cartilage when manipulated. The boy received an injury from a tack, and in a week's time was followed by an acute infection necessitating a free drainage. While the systematic disturbances soon cleared it left several suppurating sinuses which remained for about six months. After the suppuration had ceased it was noticed that the hand had taken on a growth, when the physician became alarmed and made a number of incisions for drainage purposes, but found no pus. Then a section of tissue was removed for examination and was pronounced spindle cell sarcoma. He was then referred to me for toxin treatment, a pronounced improvement was evident at first, but in a few weeks it was seen that the child was failing, so I stopped the toxins and began treatment with the X-ray using an old well plated tube; immediate improvement took place, his general condition was bet-

ter, and the growth gradually became smaller, and in five months it was scarcely perceptible, and he was discharged. Seven months later, two metastases appeared, one upon the breast and the other upon the leg, X-ray treatment was urged, but owing to hysterical journalism at that time rampant about the dangers of the X-ray, the parents would not submit, and an operation was done and both growths removed. Death took place six months later from a general metastasis. This case only goes to illustrate the old phrase, "That you cannot cut out or off sarcoma."

Case 19. Helen S., age 14—Illinois School of Electro-Therapeutics. Round Cell Sarcoma of thigh, just above the knee joint, apparently came from knocking her knee against the top of a sewing machine while working in a sweat shop. The tumor gave her considerable pain, and was about the size of an adult's fist. A week previous to her appearance at the clinic the tumor had been lanced with the impression that it might be an abscess, but the suspicious appearance of the wound led to its examination, and a small piece of tissue was examined revealing the real character of the growth. Upon this discovery she was vigorously treated with the X-ray, using a new tube, a slight dermatitis was produced, with little effect upon the size of the tumor, in fact it seemed as if it had grown under the ray, although the pain was relieved. After four weeks I changed the technic by causing the ray to pass through one-sixteenth of an inch of aluminum, and an immediate change for the better was noticed, the tumor slowly absorbed and in four months had disappeared. She is still alive and has had no farther trouble.

Case 20. Jennie T., age 18—Illinois School of Electro-Therapeutics Clinic, Round Cell Sarcoma of the Orbit, began eight months ago, and had two operations, the eye being removed at first operation, with prompt recurrence each time. August 4, 1901, she presented herself with a tumor protruding from the orbit, suffering extreme pain and prostration, X-ray treatment was given for six months with an old well plated tube giving off mild radiations, producing no irritation, relieving pain, reducing the tumor to one-half its former size and the remainder was removed by operation. She gained twenty-eight pounds in weight while under treatment, no recurrence took place in three years when she passed from under my observation.

Case 21. Sarah N., age 43—Osteo-Sarcoma of the femur, leg was amputated at the hip with prompt recurrence. September 28, 1901, she presented herself for treatment, and was rayed vigorously with a new tube repeatedly producing irritation, checking the tumor in its rapid growth for a short time, when it again began to grow and numerous metastases formed. She died December 5, 1901, from sarcoma of the liver. This is one of those fulminating cases of sarcoma where the course is so rapid that no treatment will do them any good.

Case 22. John D., age 38, a laborer, was taken with a severe pain in the abdomen which subsided in a few weeks, leaving a soreness which lasted for several months, when he discovered a peculiar shaped tumor in the abdomen and presented himself for examination, but a diagnosis was impossible owing to local conditions. An exploratory incision was made November 4, 1901, locating the growth in the omentum. It was possible to remove only about one-half of the tumor, the rest being beyond the possibility of surgery, as it involved the intestines at intervals. The tumor proved to be a spindle-sarcoma, so the patient was placed under X-radiation from an old well plated tube, treatment was begun immediately after the operation and continued daily for four months, then three times a

week for three months, after which the growth gradually faded away until it was no longer possible to detect it. He gained 32 pounds while under treatment, and claimed that he had never felt better in his lime. He has remained in good health up to the present time, no recurrence having taken place. The tube was placed 18 inches from the patient and two milliampers of current used, developing no irritation during treatment.

Case 23. George T., age 26—Round Cell Sarcoma of the Ear, appeared three months before applying for treatment at the Illinois School of Electro-Therapeutics, it had attained the size of a lemon, but was not painful. X-ray treatment was begun with a new hard tube, sending the rays through aluminum, but received no results in four weeks, when I used the toxins instead. Four weeks of this treatment showed considerable reduction in the size of the tumor, but the prostration from the toxins was more than he could stand, so I placed him under the ray treatment again, using an old well plated tube, steady improvement took place and in six months the tumor disappeared completely. He was treated at intervals of two weeks for a year, but has developed no further trouble.

Case 24. Mrs. J. J., age 28—Round celled sarcoma of left breast, of six months' standing, involving the skin, and was about the size of an egg, diagnosed as a fatty tumor and an attempt made to remove it when its true character was discovered. A section was removed and the operation brought to a close. She was referred to me May 19, 1902, for X-ray treatment. An old well plated tube was used. The progress of the case was favorable, and treatment was terminated in six months, leaving no unfavorable symptoms.

Cases 25, 26, 27, 28 were all post-operative sarcomas, with almost a hopeless recurrence when they appeared for treatment, which was used only for its analgesic effect.

Case 29. Mrs. C. R., age 36—Illinois School of Electro-Therapeutics, August 16th, 1903, Round Cell Sarcoma of back of neck, causing considerable pain and disability. Appeared five months before she applied for treatment, a section was removed by a hollow punch, for examination and the diagnosis confirmed. It had attained the size of a large orange when treatment was begun with a hard well plated tube. The tumor begun to shrink until it had reduced one-half in size, when no further improvement was made until Coley's toxin was given in conjunction with the ray, when absorption began and continued until only a small induration remained. She was satisfied and stopped treatment of her own accord, and have since learned that the remainder disappeared after she joined the Christian Scientist Church, more evidence of the triumph of "mind over matter." She is still in good health.

This series of cases is reported because enough time has elapsed to make it practically certain of the results. I have treated to date 67 cases but will not report the results until sufficient time has elapsed to arrive at definite results, when I will report them from time to time as the arbitrary time of three years elapses. In general I am inclined to believe that the results in the later series are as well as the others I have reported, with this exception that a greater percentage of these cases are post-operative cases, and it seems to be a fact that they will not respond as favorably to X-radiation as cases that have escaped the surgeon.

(To be Continued.)

Dr. Burdick's X-ray articles will be continued through 1906. The articles will be freely illustrated.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 391 October Recorder.)

ARTIFICIAL ANUS.

Before leaving the discussion of abdominal surgery for a time I wish to consider briefly the operation for forming an artificial anus. The practitioner will in the course of his career meet cases at intervals where this operation is sometimes justifiable and he may be tempted to perform it.

Where a patient develops a malignant growth of the intestinal tract very often it is not recognized during the early stages when a radical operation is indicated. The malignant growth may not present any symptoms during its early months that the sufferer does not feel safe in disregarding; we see this in all classes of patients. The patient may have a little discomfort about his rectum but he has heard so much regarding piles and hemorrhoids that he is not greatly concerned. He notices a trace of blood in his stools but still he feels that it can be expected "he is merely suffering from piles." When a malignant growth develops over the area of gut grasped by the sphincter the pain at stool may bring the condition to the attention of a skilled diagnostician before the condition has advanced too far and a radical operation is indicated, but if the growth is chiefly above the sphincter the condition is very likely to be beyond a hope of permanent relief by radical operation when it is recognized. The physician when he meets a malignant ulcer or tumor of the lower bowel, must decide if possible whether tissues are so extensively involved by the infiltrating process that entire removal is impossible. If he is sure of this as he may often be in this class of cases he may give a very unfavorable prognosis and await the development of distressing symptoms. If a man has an ulcer or a tumor involving the lower bowel and it is obvious that all the involved tissue cannot be removed, the utility of any treatment is very questionable. If it is possible to place the patient in the hands of a skilled X-ray operator such treatment may be tried. If the surgeon desires he may try any of the methods in vogue in the treatment of inoperable malignant growths but by all means in rectal cancer it is preferable according to my experience to let the malignant growth entirely alone until it causes distressing symptoms. The malignant growth of the rectum which is only partly extirpated is not retarded in its course and healing may be interfered with owing to infection. Caustics, chemical, electrical or thermal to a malignant growth which cannot be entirely destroyed are a source of more harm than good. Curetting a malignant growth which is not obstructing the passage of the feces or bleeding freely is to be condemned. Unirritating applications neither do harm nor good unless they act as protectives during the passage of the feces. When an obstruction develops in the course of a malignant rectal affection it is not always desirable to perform the operation of opening the sigmoid; in most instances a less severe operation may be performed which will give the patient a free passage for the fecal mass and at the same time not produce the deplorable condition which usually if not always accompanies the artificial anus in the inguinal or lumbar region. I speak of the operation of excising and cutting away obstructing masses of cancerous tissue accompanied by the use of the currette and in some instances followed by divulsion.

Where a patient has a rectal cancer

and the fecal mass is prevented from escaping, the suffering is very great. The malignant growth which does not obstruct and which is above the sphincter often causes very little distress to its possessor. The malignant growth which interferes with the fecal current if it cannot be so treated by the excision and curetting away of obstructing masses may demand the opening of the large bowel. For several reasons the inguinal operation is preferable in these cases. This operation of enterostomy is indicated in some conditions other than malignant obstruction. In malignant rectal disease the large bowel is opened, in certain other conditions it may be desirable to open the small intestine, though this latter operation is usually a temporary expedient. In performing the inguinal operation as nearly as possible a perfectly aseptic field should be secured as the peritoneum is opened. The lumbar operation was formerly recommended and one of the advantages claimed was that one might escape opening the peritoneum. The inguinal will prove far more simple and satisfactory to the practitioner. The incision for exposing the sigmoid is made to the left of the median line between the navel and anterior superior spine. The skin incision is usually made parallel to the course of the fibers of the external oblique. The muscular fibers may be cut through or may be separated by blunt dissection. The fibers of the muscular layers having been separated, the peritoneum should be drawn into the wound and nicked. When the intestinal loops fall away from the peritoneum it should be divided the length of the wound. A short incision two or two and one-half inches will permit of easy performance of the operation. The finding of the sigmoid is usually very simple, its mesentery being long enough to allow it to lie well forward. It should be drawn into the wound and recognized by the longitudinal bands and appendices which characterize the large bowel. The operator having drawn the loop of large bowel outside the abdominal incision may pass a small test tube through the mesentery after it has been punctured by scissors or forceps. The mesentery should be punctured by sight and the large vessels running through it carefully avoided. The test tube is used to hold the loop well outside the abdomen. Some recommend the use of pins and other objects and some rely on sutures though this is not advisable as they may give way and prevent the operator accomplishing his object. The gut should then be sutured to the skin along the margin of the incision. The operator may be forced to open the bowel at once where the operation is performed in the face of an acute obstruction, in which instance the suturing must be done with great care and the tube or pins may be dispensed with to hold the gut well without the abdomen if the operator so elects.

In malignant cases the bowel is usually not opened for several days during which time the contents continue to pass more or less through the loop held without the abdomen. The operator need not anesthetize for opening the gut after it has become adherent to the abdominal wall. The patient only suffers slight discomfort when the gut is opened. It may not only be opened but where the artificial anus is intended to be permanent that portion of the bowel outside the abdomen may be trimmed away. I wish again to call attention to the distressing condition only in which this operation is indicated that is where the passage of the fecal matter is greatly interfered with and where the patient cannot be safely relieved by methods which will continue to permit the flow of fecal matter along the natural route.

The patient with the artificial anus demands constant care and attention. It is as a rule in these malignant cases merely a terminal operation to offer

comfort as a last resort and in only too many does it fail to give the result desired.

(To be Continued.)

INCANDESCENT LIGHT ENERGY OF HIGH INTENSITY
(200-500 c. p.)

By Robert M. Sterrett, M. D., 2604 N. Winchester Ave., Chicago, Ill.

Phototherapy is a branch of modern therapeutics that is attracting considerable attention at the present time. Under these conditions the most conservative doctors of the day must either "sit up and take notice" or retire into the professional perspective and "sit down."

There must be something in it, or so many sane, hard-headed, conscientious doctors would not be claiming that they are getting results with "light" that they could no get with any other therapeutic agent.

Since Roentgen's discovery of the unknown, or X-ray, the subject of this and other frequencies of an allied nature has been a matter of continuous study by some of the best, most reliable thinkers of modern times. Consequently we have the X-rays scientifically classified as they would not otherwise have been. Their action on tissues, upon various substances, their penetrating power which acts upon photographic plates when passed through the body and other objects, their bactericidal quality, etc., have brought us new and valuable factors in diagnosis and therapeutics. We have found also, that there are limitations to the therapeutic value of the X-ray as was to be expected although the early enthusiast seemed to think we had at last found a cure for almost everything previously incurable. Now we have even advanced a step further and know that, unless of radiography, the shadowgrafs may be untrue. Thus we check and counter-check the claims of advance made from time to time, in order to keep close up to the truth.

That a subject requiring special training and, fully as important, a certain knack of manipulation, should bring disappointment to many who had not thought it necessary to acquire the one and were born without the other, is not a matter of surprise. Hence the X-ray has come to be a real value to the profession only in the hands of the trained man or specialist who is interested in such work, has the knack, and gets the special practice in sufficient amount to keep him in good working order.

During the investigations of a new subject many conclusions are arrived at from an imperfect understanding of the conditions and facts involved. And, unfortunately, such conclusions are too often accepted by the unthinking as facts. That form of light energy produced by the electric incandescent lamp, is possibly a case of the kind.

It has been claimed by those whose investigations were confined to lamps of only 16 to 100 c. p. intensity (consuming about ½ to 2½ amperes) that the "chemical" rays from this form of light were feeble and did not pass through the glass globe containing the filament (carbon). Yet, repeated experiments prove the spectrum of this light capable of affecting a sensitized photographic plate. They must pass through the glass to do so. Then the law was deduced, a little later, that the blue-violet (chemical) and luminous (nutritional) frequencies were increased by increasing the current consumed.

The writer has had most excellent results from the higher candle power lamp (500 c. p.), and has been fully satisfied that Abney's table was verified as to blue-violet output, in actual practice. But, the scientific mind reaches out for even further proof of a con-

the proper skill be employed in the art ceded theory, and more knowledge of any subject of scientific interest, even as the Oleaginous Octopus, for more valuable sites on which to drive new oil wells.

So, an examination of the incandescent electric lamps' spectra—four intensities—was recently made at a noted Institute of Technology to prove or disprove, the law above mentioned, and recorded by all recent recognized authorities on the subject. The question as to whether a 50 c. p. lamp, for example, was "just the same" in therapeutic value as a 500 c. p., which some superficially informed physicians have claimed in the hearing of the writer, ought to be settled by the spectroscope.

In the investigation which followed, the four spectra—16, 50, 300 and 500 candle power—were placed one above the other for immediate comparison. The 16 c. p. and 50 c. p. lamps showed about the same intensity at the red (heat) end, and a narrow strip of the blue-violet (chemical) end—the 50 c. p. being barely appreciably wider than the 16 c. p. The 300 c. p. lamp's spectrum showed an increase in the blue violet (with about 7 amperes of current) equal to a third the entire spectrum; while the 500 c. p. was fully one-half the entire spectrum and of a decidedly greater intensity and beauty of color.

The reason for the slight increase of the 50 c. p. over the 16 c. p., is because the blue violet increase is by a geometric series in its accumulation when the amperage is increased. From this investigation we see that the valuable (violet) frequencies do not begin to reach sufficient intensity until after the 50 c. p. intensity has been passed. In fact, a lamp below 200 c. p. is not of very much therapeutic value, so far as the blue-violet rays are concerned.

VACCINATION

By J. L. Wolfe, M. D., Cedar Falls, Wisconsin.

As is usually known, vaccination is the transfer to the human system of a disease known as the cow pox, by which the small pox is either prevented or modified. In an age scarcely yet past, this latter was the scourge of individuals and nations, and thousands suffered and died with this contagious and loathsome malady.

It having been noticed that the disease was modified by careful previous diet and regimen, the fortunate suggestion was made that it should be directly communicated to people purposely, after they had undergone a course of preparation, instead of leaving them to contract it in its virulent form. This gave rise to the system of inoculation, in which the small pox matter was introduced directly into the flesh of those thus inoculated, and thus a modified small pox produced. Many are still living who remember the preparations made for passing through this ordeal, and the sign boards warning strangers from the roads on which the doctor was distributing the virus. By this method the fatality of small pox was greatly diminished, but it had its objections. While some where protected, the disease by being thus conveyed was often contracted by the careless or unwary and not very unfrequently death resulted to those who had submitted to the inoculation, thus leaving physician and friends to moralize upon the propriety of doing evil that good might come. It was at this period, a prevalent notion in some of the rural districts that milkmaids who had suffered from sores on their hands contracted from the teats of the cow, were not liable to the contagion of small pox; but no one before the time of Jenner had seized upon this tradition as possibly founded upon actual experience and

truth. He however by careful inquiries and experiments, satisfied himself that such protection was real, its source undoubted, and the possibility of applying it to general service worthy of a trial. Consequently, on the 17th of May, 1796, a boy eight years of age was successfully vaccinated with the matter obtained from the cow; on the 1st of July small pox virus was introduced into his arm, but produced no effect; thus showing that by this simple method, he was protected from this terrible contagion. Thus, one case after another has proven the power and reality of this protection, and it has come to be regarded by the medical profession as an almost specific preventive. It is indeed a mild, safe and modified form of small pox; for if a cow he inoculated with the matter from a small pox pustule, a sore will form; and if from this again, matter be taken on the eighth or ninth day and inserted in human flesh, we get a true and genuine vaccination.

Is vaccination really a preventive of small pox, or does it modify and lighten the disease if contracted?

There can be no doubt of it. A great majority of those once properly vaccinated will never contract it at all, and those that do, will generally have it less severe. A careful investigation was made of this matter in our own country some fifteen years ago, and a series of carefully collected facts proved that in the unvaccinated small pox was five times more fatal than in those having varioloid, and that perfect vaccination protects as completely from small pox at all, as having had it once does from having had it a second time. Statistics in other countries have proven the same thing. In Boston where vaccination is carefully and generally performed, there was but one death from small pox or varioloid in the course of a year.

Should vaccination be repeated? A majority of those once protected, remain so. That it does run out in some, and that it does not run out in others, has been repeatedly shown; and there is no way of determining whether or not it has in any particular case, except by re-vaccination. An important change of life, as at the period of puberty, marked changes of climate, severe attacks of sickness or other eruptive disorders at the time of vaccination, sometimes seem to modify its effects.

After a careful comparison of facts we would suggest the following rules:

1. Let every one be vaccinated. The parent who neglects it is to blame. He knows not when his child may be exposed to a horrible disease from which he has the power to protect him. If there is any doubt as to its having taken or as to the mark being genuine, let it be immediately repeated with some different matter, and thus you may at the time test it. The best time for vaccinating is afer he third month and before the seventh; that is, before the time of teęth. If neglected at this time any other period when the child is in good health may be chosen. The means of vaccination are cheap, and almost any physician will do it at short notice.

2. Re-vaccination is proper after the period of boy or girlhood, and at least in all cases where the person is directly exposed, ought to be repeated by fifteen. In many of the standing armies of Europe, both the value and need of re-vaccination have been tested. In these small pox was formerly most fatal, and its ravages most extensive, but by a rigid system of re-vaccination, it has become almost annihilated. With a careful regard to their personal and public good on the part of parents, physicians and the people at large, we see no reason why small pox should not become very nearly eradicated from the land in a very short time.

A sensible man never makes fatal errors. Whatever he does is at least experience, and can also be used to advantage.—David Graham Phillips.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

A MEDICAL EXAMINATION AS A PREREQUISITE TO MARRIAGE

This subject may appear unpopular as a theme, and yet there is no question of more vital importance to the physical and moral welfare of society, nor more deserving of the thoughtful attention of physicians, statesmen and philanthropists.

Although every community has received timely warnings, nevertheless many thousands of unhappy marriages are contracted throughout the country every day. Dr. Parkhurst, in a Thanksgiving sermon (1895), stated that there were probably 250,000 unfaithful husbands and wives in New York city. And in that same great metropolis it is calculated there are upwards of 100,000 women who work out in order to support their helpless or depraved husbands.

The increasing number of divorce cases which come up in the courts of law is but an index to the sad and deplorable condition of those who are unhappily wedded. Our marriage and divorce laws not being uniform in the different states are therefore disastrous in effect. For example, when men and women can be married in one state and divorced in another, their children legitimate in one jurisdiction and illegitimate in another, it is an offense against morals and a disgrace to jurisprudence (Chauncy M. Depew). And let it be added that the toleration of such an absurd condition of affairs, without proper measure being taken to prevent it, is a disgrace before God and man.

The writer has agitated the importance of dealing with this question since 1895, and is pleased to learn that recently the scientific regulation of marriage has been proposed and acted on in several state legislatures. But as yet, so far as is known, no such law is in force.

NEW MARRIAGE REGULATIONS.

It was reported some time ago that Indiana had passed a bill providing for the appointment of a commission by the governor, to be composed of two women who are mothers, two physicians of conceded ability, and one attorney of high standing, these to prepare rules for the government of officers in the issuance of marriage licenses and ministers in performing the ceremony. The bill provides that licenses shall not be issued until the applicants have undergone examination, as to physical health and mental antecedents. The state senate of Minnesota has also been credited for having taken a step in the right direction, by restricting the marriage of those who are likely to afflict the world with children that would swell the aggregate of human misfortune, suffering and crime. It proposes that no man or woman who is epileptic, imbecile or afflicted with chronic insanity shall marry, when the woman is under 45 years of age. And it further provides that no officer shall issue a marriage license to any person applying therefor, till in addition to the conditions imposed under existing law, he shall have been furnished with a certificate from a reputable physician of the county in which the parties reside. This medical certificate to be filed in the office of the person issuing the license. Action, likewise, has been taken on this question by Ohio, Colorado and other states. And it is to be hoped that every

state in the union will take a proper stand in this very important matter and that without needless delay.

ACTION IS URGENT.

The government of the United States has the right and power to provide against the propagation of criminals and disease. And because such provision has not been made in the past does not constitute any sufficient reason why it should not be enacted now, but it will be just as soon as public sentiment is aroused from its lethargy.

How to better the welfare of mankind has been the study and aim of its worthy representatives throughout the history of civilization.

Science as well as common sense justify the privilege of protecting society against obvious dangers arising from the marriage of criminals and degenerates. We have regulations against infectious and contagious diseases, by means of quarantine, compulsory vaccination, and renovation, why not against dangerous marriages?

VIOLATED LAW.

If we were as careful in the rearing of men as in the breeding of animals, many of the evils which afflict humanity would disappear. And we know full well that: "Heredity conserves the moral and intellectual worth of the race and that it also conserves the bad tendencies of humanity. The presence among men of so many with unmistakable evil proclivities is due to broken laws of health and morality somewhere in the line of descent." There is scarcely any notice taken of hereditary influences for which many of the unfortunates, who are hanged, imprisoned or confined in poor houses and asylums, are responsible. And yet good people are piously criticising the severity of Providence, instead of regarding these conditions as the natural consequence of violated law.

That heredity is a source of disease admits of no doubt. Nevertheless it is not the disease itself but the tendency thereto that is inherited, just as are other physical peculiarities. (Sir Morell Mackenzie).

DISEASES TRANSMITTED.

Consumption, gout, cancer and insanity are the diseases which have a marked tendency "to run" in families. For the transmission of gout is seen in nearly every family of the nobility of Europe; indicating very forcibly that if a man has a tendency to a particular constitutional disease, he should avoid that which favors its development; especially because of his moral obligation to posterity, actual or possible.

Man should not use his body as if it were his property in fee simple, for to do so is not fair to his descendants nor is it in accordance with the spirit of the golden rule. The imperative duty of every one is to treat his body as though it were strictly entailed, and that the right of his heirs, as far as possible, be respected. By living up to this idea, there is a reasonable chance of eradicating the family taint of an incurable disease. But under existing customs the inclination is to encourage rather than hinder these predispositions, so that there is an alarming necessity for general interference in behalf of economy, morality and public health. "The greatest good to the largest number," and "the eternal fitness of things" are in order in this connection. The property owners ought to demand it. The welfare of humanity does demand it, emphatically.

THE GROWING BURDEN.

According to Prof. Osler, there are upwards of 1,250,000 cases of consumption in the United States all the time, of which he estimates that there are nearly 40,000 in the city of New York.

Within this grand country there are, according to a safe calculation in round numbers, 500,000 inebriates, 500,000 insane, 400,000 syphilitics, 200,000 imbeciles and idiots, 75,000 epileptics, and 60,000 cases of cancer. All of

these, with the exception of those confined in asylums, are free to marry or assume the marriage relation. The lunacy laws of Pennsylvania expressly provide that "a patient while insane may go home and resume all his family relations." And because of such personal liberty to violate the moral and physical law, constitutional disease must naturally increase at an alarming rate. Already state and charitable institutions are overcrowded with inmates, who are the offspring of improper marriage. The taxpayers and philanthropists cannot help but feel the growing burdens thus imposed on them, and this is bound to go on from bad to worse, just so long as the floodgate of destruction is left open.

HOSPITALS INADEQUATE.

It is certain that hospitals and asylums can never confine or limit this spreading evil. In the state of New York, alone, the records prove that for the year 1899 there were 21,146 patients in the various hospitals for the insane. And the cost of their maintenance for that year was $3,772,969. Such examples in ratio to the population are numerous, and go to show that it is false philanthropy that will enable unfit persons to beget children for the next generation to care for and support. This is actually doing good in order that evil may thrive, and turning charitable intentions to the ultimate detriment of the human race. And there is no getting round the fact, that charity thus bestowed is sure to be defeated and that the defective and diseased issues of violated law must continue to multiply. The enormous expense incurred for the care and support of the unfortunate offspring and the great suffering and burden borne can never be computed. The number of poor victims lost through homicides, suicides and premature births, because of improper marriage relations, is incalculable. Consequently it must be clear to every intelligent person that something ought to be done, and that the only logical and feasible course to pursue in order to strike at the root of this social disorder is the enactment and enforcement of a state law similar to that attributed to Minnesota, requiring all applicants for marriage to pass an examination before an authorized county commission or board, composed of men and women, including at least two physicians.

DUTY OF SUCH COMMISSION.

The duty of such commission or board would be to exclude consumptives, cancer cases, epileptics, syphilitics, insane, imbeciles, chronic inebriates, and all others whose physical condition is such as would be likely to render the marriage relation dangerous to progeny. That this provision would have a decided effect for good by way of preventing misery and unhappiness is very evident.

A law of this character is humane, and when generally enforced would make it difficult to obtain such records as that furnished by Echaveria, who after necessary research, learned that 62 males and 74 females gave birth to 533 children with the following results: 28 were still born, 195 died with convulsions, 78 were epileptics, 18 were idiots, 39 were paralytics, 45 had hysteria, 6 had chorea, 11 were insane, 7 had strabismus, 27 died in infancy, 105 were apparently healthy. This appalling account of depravity illustrates what is taking place because of unrestricted marriages. So that an appeal is here made to every true man and woman to help toward stopping such ruination of human life. And one of the best ways of bringing this about is by thorough investigation and examination. To do this would strengthen the present requirements, which are regulated by statute, but as an examination is not exacted, advantage is taken and deception freely practiced.

DECLARATION OF JUDGE REEVES.

Judge Reeves, of Indiana, has declared that: "The vilest mortal that lives can have a marriage license issued for the asking, the law taking a fee, makes a record, and leaves the offspring and society to shift for themselves in the best way they can. No thought is taken for the unfortunate, nor for the body politic and the irreparable evils that must fall upon all. The church adds its sanction, and ministers aid in making these civil contracts by performing the ceremony with benediction and prayer." The judge further said that: "The people must be educated to the fact that marriage of the unfit is a crime against the moral and physical law; and that whoever violates it must be punished the same as for any other wrong perpetrated against society."

Of course it is not to be expected that every human debility can be abolished by the method herein proposed, but it is far better to encourage health instead of disease. And surely it is only reasonable and wise that no physical or moral wrong shall have the sanction of either the church or state. It is true that crime is a disease of our social organization and ineradicable; but that it may be restricted within much narrower limits than at present exists, will not be denied. (Prof. Austin Flint.)

HEREDITY AND INTEMPERANCE.

Learned authorities inform us that heredity and environment are responsible for a very large share of the crimes committed, as is also inebriety or alcoholism. Dr. Beach, of England, has demonstrated that drunkenness is found in the ancestry of 38 to 40 per cent of the parents of idiots. The fourth conference, for the consideration of idiocy in Germany, agreed that inebriety was the principal cause. In addition to its effects in producing criminals, idiots and insane, the children of inebriates trained to the early use of intoxicating liquors, are stunted in their growth and thereby weakened physically and mentally.

A distinguished physician of France is inclined to ascribe to this fact, the decrease in the standard of normal height, as shown by the statistics of that country. And what is attributed to the effects of inebriety is generally applicable to other diseased conditions due to heredity. Physical distortions and degenerate manifestations are so widespread and thoroughly grafted in the every day life of society, that even to think of them is enough to cause the cry of remorse to be heard throughout the land. Therefore if we would preserve the integrity of our race and the physical safety of the republic, we must not neglect to bring about this much needed reformation.

"Rescue the perishing, care for the dying, snatch them in pity from sin and the grave." "Duty demands it."

J. C. BATESON, M. D.

Scranton, Pa.

UNREST

It is a great mistake in life to work too hard and get too tired.

Fortunate is the one who can sleep day or night anywhere.

Faithful, self-sacrificing wives frequently fall into this error of getting behind in sleep, of working so hard and unselfishly that it is almost impossible for them to be as full of life and hope as a being should be to be normal. To be very hungry, thirsty or tired is to be in a pathological condition.

I know women who cast all in life upon the altar of service. They wear themselves out doing too much and doing too "well." There are men that do the same. In the rush for wealth or in the forced position competition places them they become victims of the over-worked or over-strenuous life. New Yorkitis, Americanitis is what the essayists have aptly called it. The wife

drudges too devotedly for the man she loves. She ages prematurely and he says good-bye in the divorce court. How horrible! And yet what else is to be expected. Unrest scars and deforms the mind, the disposition. By unrest one can so insane themselves that those that love them can not live with them. It is as when your faithful dog gets savage or even mad and he must be shot, and you must remove him.

Every human being should be skilled in the art of self preservation and he who neglects to rest sufficiently is walking on a path of suicide. With our vitality we should not be spendthrift.

Physicians must sound this note more strenuously; the changing conditions of our progress demand it. Duty, duty, duty is the note religion has been sounding for centuries. "The nobility of self sacrdifice" which, beyond a certain point, becomes a bending towards self-destruction.

The texts, "Do your duty," and "Save yourself," should be preached with equal earnestness and impressed with special power. It is not work alone to which this refers, it is worry as well as work. Worry comes from either an unhealthy heredity or a badly trained mind. Psychologists and educators should study this theme and the growing child should be so trained that by worry it will not tend to that vigil, insomnia or hunger for rest denoted by drawn, anxious, hunted features and other stigmata of the over-strenuous life. C. E. Boynton, M. D.
Millville, Cal.

AMMONIUM CHLORIDE

(Continued from page 393 October Recorder)

During the third stage of pneumonia ammonium chloride is of value as during this stage there are numerous dead epithelial cells and other morbid substances in the entire diseased area. The local surfaces are depressed and below par and the treatment should be stimulating to these parts so that they will throw off foreign substances and take on new functional activity. In this condition ammonium chloride can be given in compressed pills or in the fluid extract glycerrhiza.

If the cough fails to bring up the phlegm and is due to tickling or irritation morphine should be added. Hare recommends the following:

℞

Morphine sulp...gr. i, vel. gr. ii.
Ammonium chloride.....ʒij.
Extract glycerrhiza fl.....ʒiv.
Aqua dest.....ʒvi.

M. Sig.—Dose: Two drachms every four hours.

Hare says: "If more morphine than this is used it tends to stop secretion."

Ammonium chloride possesses little or no influence over the heart and respiration and when using it in pneumonia a heart stimulant should not be neglected as it is often needed.

Hare says: Chloride of ammonium fumes can be obtained from a few grains of the drug heated in an iron spoon over a gas jet or by means of a set of three wash bottles. In one of these is placed stronger water of ammonia, in the other muriatic acid. Each of these is connected with a third bottle by means of glass tubing, this bottle being partly filled with water through which the fumes in passing become purified and form the fumes of chloride ammonium. The fumes of ammonium chloride are used in fetid bronchitis.

Chloride of ammonium is often employed in intermittent fever and in glandular enlargement. It has reduced enlargement of the spleen and is recommended as a cholagogue. As a spleen remedy it is much inferior to grindelia squarrosa; see my article "Grindelia Squarrosa," October, 1903, American Medical Journal, which will give full

information in regard to this spleen remedy. There is another remedy, berberine, which is a better spleen remedy than ammonium chloride. Berberine is an alkaloid which is obtained from many plants. In my article "Comments," September, 1902, Alkaloidal Clinic, I made the following query: "What plant contains the largest per cent of berberine?" to which the editor replied: "Hydrastis canadensis probably contains the largest per cent of berberine." Ammonium chloride can be used in connection with either or both grindelia squarrosa or berberine.

The alterative and cholagogue power of ammonium chloride is not equal to iris versicolor; see my article, "Iris Versicolor," July, 1903, New Albany Medical Herald, which gives full information on iris.

Ammonium chloride is a valuable remedy and deserves the attention of most physicians.

J. A. Burnett, M. D.

Pauline, Arkansas.

A CASE OF INTESTINAL INDIGESTION

About a year ago a lady brought her son to me for examination. His age was 16, complained of a griping pain in upper part of the abdomen. This pain was not constant but came on once or twice a day. He had been treated by a homoeopathic physician for tape worm, under a starvation treatment, but the worm never materialized and the pain still kept coming in the same old way. His mother took him to a prominent surgeon who diagnosed the case appendicitis; it cost the mother $50.00 to have the appendix removed, but the pain still remained. Another prominent surgeon examined the boy and told his mother that it might be a case of indigestion. His prescription failed to give any relief. The above is a brief history of the case as it was given to me by the boy's mother. I examined the boy and told his mother that her son had intestinal indigestion and that I could cure him. My treatment was as follows:

℞

Pepsin.
Subnitrate bismuth, a a..ʒi.
Ext. nux vomica, fl.....ʒss.
Co. tr. gentian.. .....ʒvii.

M. Sig.—Teaspoonful in a little water after each meal. For the spells of griping pain I gave him two ounces Hayden's viburnum comp., to take teaspoonful in half cup of hot sweetened water once in 15 minutes till the pain passed off. In a week he reported himself much better. After about a month's treatment the boy resumed his work in the factory and has had no return of the trouble since. The above formula for indigetsion I have used in my practice for 35 years and have never yet failed to cure dyspepsia and indigestion with it. I can recommend it with perfect confidence to my brethren of the profession.

Eli G. Jones, M. D.

New Brunswick, N. J.

EPILEPSY CURABLE

At a medical meeting some time ago Dr. Hughes of St. Louis, said that epilepsy could now in many cases be listed with the curable diseases. He reported ten cases under observation for twenty-five years in which there had been no reoccurence. In treating epilepsy, he always demanded an agreement that the patient should be under control at least two years, during which time he would treat every function of the individual so as to keep his general health in the best possible condition. Of course, institutional treatment was better in most cases than private treatment. The Medical Record, of New York published the abstract of the paper.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

BAD ENGLISH.

A kindred chord has been touched in the writer's breast by an article in the St. Louis Medical Review for Sept. 23, apropos of a small book by Sir Clifford Allbutt on the bad English common in medical writings. Sir Clifford, professor of physic in the Unversity of Cambridge, says that of the theses which come to his notice annually the "greater number are written badly, some very ill indeed." It is some consolation to know that others are as badly afflicted as we are. The Rundschau has often spoken of the matter and given samples of slipshod English found in medical journals, and proposes to continue. One of the commonest faults is ambiguity of sentences, so that they admit several interpretations, not infrequently, if construed according to grammatical rules from their grammatical order, giving a meaning not at all intended by the author. Careless use of the participle is especially frequent and responsible for many absurdities appearing in medical writings. It is not too much to demand precision and clearness of phrase from medical writers. A physician has really no more right to be slovenly in his diction than in his surgical technique.

It is almost shocking to read in an obituary for Dr. A. W. Johnstone in the Lancet-Clinic of Oct. 7th, "The disease, readily diagnosed as appendicitis, proceeded rapidly. With the operation and free drainage of Dr. E. C. Dudley of Chicago, the sufferer's life-long friend, the hopes of his anxious attendants revived." There you have belief in vicarious atonement quite unheard of in modern times.

One would certainly not expect faulty construction of sentences in the writings of S. Weir Mitchell, whose books are justly esteemed for their careful and consistent exposition of character, pure style and beautiful language. Yet, in his latest work, Constance Trescott, an interesting psychological study, occur these sentences: On page 329, "She waited to let him go by, but turning in at the Averill's gate, his face lightened up as the woman descended the steps;" on page 366, a clergyman says to a lady, "As a clergyman and also as a man, you have a right to all I know." Is the medical man in the author responsible for these unpleasant slips?

THE CANCER PROBLEM.

The controversy between the rival theories of the etiology of cancer, the microbic and the histological, has assumed the proportions of personal warfare carried on with much bitterness in Germany. This is to be deplored, for it can only belittle the men engaged in it, and retard scientific progress. Dr. Max Schueller, a professor of surgery at the University of Berlin, claims to have proven the microbic origin of cancer and fulfilled the three essential requirements, isolated the bacillus, made pure cultures of it, inoculated it successfully into animals. Many reliable observers throughout Germany have repeated and corroborated his researches. A man of his position and standing would seem to be entitled to credit. But "official" circles, chiefly the Imperial Cancer Commission headed by Professor v. Leyden, do not recognize his work, they "knock" him, as he complains. In a series of lectures before the Berlin Medical Society Orth and Hansemann have presented the opposing view. We cannot see that

anything new has been brought out.

The drift of medical sentiment is largely toward the microbic origin of cancer. But certain phenomena are not explained by it to entire satisfaction, principally that of the character of metastatic growths. Were they caused by a specific bacillus being carried to a distant part, then the secondary neoplasm would consist of the histological elements of the organ or tissues in which it is implanted. But instead the neoplasm always consists of the same elements as the primary cancer and furthermore its cells can produce the same ferment as those of the primary, analogous to that of the normal secretory cells of the organ in which it, the primary cancer, is located, e. g., metastatic tumors secondary to cancer of stomach or pancreas have been seen to secrete peptic or pancreatic juice. There seems to be only one explanation, that of cells being detached, carried like an embolus by the bloodstream to a distant part, to proliferate there.

The discovery of a cancer bacillus would certainly be desirable, because it would open up the possibility of the preparation of a curative serum. No advances have of late been made in the therapeutics of cancer. The treatment, serum or what not, put forward with a great flourish of trumpets by Doyen of Paris, has proven as useless as was to be expected. Radiotherapy has a very limited sphere, in superficial epitheliomata, as a prophylactic against recurrence after operation, and generally in inoperable cases. Those limits are given to it by Wm. B. Coley in the Annals of Surgery for August.

A SIGN OF ACUTE INTUSSUSCEPTION IN INFANTS.

A sign of the greatest importance in the diagnosis of acute intussusception in infants is described by Vernon of Paris, being found by him in over ninety per cent of the cases. Ordinarily it shows itself a few hours after the accident. Among a series of sanguinolent stools there appears one stool of pure blood, usually accompanied by vomiting and abdominal pain. These signs rarely fail. Tumor and tympanites can often not be detected until at a much later stage of the affection. In the first year of life a stool of pure blood, if rather large, is almost pathognomonic of intussusception. Coming on very early, it permits of early diagnosis and early surgical intervention.

PATERNALISM.

The municipal authorities of Berlin have issued a decree that no iced drinks shall be sold in any place of public refreshment in that city. The limit of frigidity allowed is 50° F. How would we enjoy such paternalism?

Arsenization is the title of a monograph, reprinted from the Medical Brief, by R. B. Leach, M. D., St. Paul, Minn. It gives Dr. Leach's views on yellow fever and is worth reading. Dr. Leach is a well educated physician as readers of The Recorder know from his contributions in the past. Several years ago we published his theories on yellow fever. Doubtless any of our readers can obtain a copy of this pamphlet by addressing Dr. Leach.

Eumydrin is a new chemical, the methyl nitrate of atropine, which promises to be a useful agent. In ophthalmic practice it may be used to replace both atropine and homatropine. The stronger solutions act like atropine and the weaker like homatropine. It is used in 1 to 5 per cent strength. It has no undesirable by-effects such as atropine has and is not as toxic as atropine, hence is especially valuable in treating old people and children. Eumydrin may be used in therapeutics wherever atropine is.

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Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 NOVEMBER, 1905 No. 11

LITTLE STORIES FROM LIFE

VI.

Along a beautiful boulevard in one of our large cities a man was walking who would attract notice anywhere. He was the picture of health and his magnificent physique indicated the perfect physical man. He was not only well formed but his face indicated intelligence and refinement. He, also, was favored in a financial way being the possessor of an ample fortune. This man apparently had everything desirable in this world, but—a cloud hung over him. By his side hobbled a small crippled boy who walked with difficulty with the aid of a crutch. The father often wondered why this boy was crippled and was unable to see why his boy should suffer. One word explains it—heredity. The father and mother were healthy but this was a case of inheritance "unto the third and fourth generations." This boy was suffering from the inheritance of the diseased conditions of his ancestors. To the father this seemed needlessly, inexplainably cruel.

But it was one demonstration of the law governing the universe. This unchangeable law controls everything and any infringement of it brings the penalty. The individual who breaks a law, physical or moral, suffers for it himself and is also apt to cause others to suffer. Although this causes suffering, it is absolutely necessary to have such law in order to continue the universe. Man is slowly learning to understand this law and is gradually makng endeavor to avoid breaking it. When man learns the full meaning of heredity, he will use the knowledge so that we shall see fewer cases such as depicted in this sketch.

There are many things hard to comprehend in this world and one is why the innocent should suffer but often the suffering of one results in joy to many. In this case, the father of the crippled lad was a successful man of finance and if it had not been for this boy he might have been like many other such men, so wholly absorbed in gathering money that he would have given no attention to the suffering around him which he could relieve with his money. Instead of being a cold, hard-hearted man of money this boy had softened him, so that he noticed the troubles of others and hundreds of lives were brightened by his philanthropy.

THERAPY OF LIGHT

It was long known that in some way sunlight was beneficial to many disease conditions and for some years it has been known that the electric light has a therapeutic power, but the discovery

of the X-ray by Roentgen and the violet ray and its power by Finsen gave a great impetus to light therapy. We have made great progress in the investigation of this subject but still greater discoveries await us in this field. As Dr. Burdick is showing us in his article there is a great future to X-ray therapy when thoroughly understood and properly applied.

Bernhard, of Switzerland, has used sunlight extensively as a therapeutic agent and has recently reported some interesting results. He has had good results in the treatment of streptococcus infections and in tuberculosis of glands and joints, demonstrating the bactericidal action of the rays of sunlight. Besides the bactericidal action, cellular activity has been stimulated and many pathological conditions improved.

It is difficult to obtain satisfactory surroundings for the best results from the therapeutic application of the sun's rays but we can obtain the same action by electric lights of 300 to 500 candle power, when properly used.

OPPORTUNITIES

There are many chances for business success in this country if opportunities are noticed and properly improved.

Sausage is made in every meat market in every village and city in the United States but a Wisconsin farmer conceived the idea that making a superior article of sausage and advertising it would pay. He accordingly made a superior quality using only little pigs and did some good advertising. As a result he is now doing an immense business.

Until recently tulip and hyacinth bulbs were grown for the market only in Holland, as the conditions were not favorable for producing good bulbs in this country. It occurred to Mr. Geo. Gibbs, of Clearbrook, Wash., that the soil and climate of the Puget Sound country should be favorable for growing bulbs. He was not a florist and knew nothing about bulbs except that hundreds of thousands were imported from Holland and sold in this country every fall. He lost money at first from inexperience but he stuck to his bulb business until he won. As fine bulbs as the Holland ones are now raised around Puget Sound and Mr. Gibbs is getting rich.

EDITORIAL NOTES

We have some copies of all the numbers of The Recorder for this year. If any subscribers have lost or failed to receive any issues we shall be glad to supply missing numbers free while our supply lasts.

The World To-Day is a large and beautifully printed magazine devoted to current affairs and progress of all kinds the world over. It is equal to any of the three dollar magazines; notice our club offer of this magazine. This is an offer worth improving while there is a chance.

Dr. C. C. Miller's articles on Practical Surgery present a treatise on surgery of practical value. The illustrations are made especially for the articles and in themselves tell the story. No such series of illustrations has ever been published in book or journal. These articles will continues through 1906.

We are sure our readers will appreciate Dr. G. G. Burdick's article in this issue, which shows the possibilities of the X-ray properly applied. These articles will be continued through 1906 and the best and most interesting articles will appear next year. Numerous illustrations will be prepared especially for the articles. All physicians who do X-ray work should have these articles and those who do not should read the series so as to be informed on the latest developments in this field.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE DELUGE. By David Graham Phillips, author of The Plum Tree, etc., with Illustrations by George Gibbs. Pages, 482. Cloth. Price, $1.50. The Bobbs-Merrill Co., Indianapolis.

This book is the latest production of David Graham Phillips, who has within a few years become a very popular author. There is something more than a mere story in each one of his works, which attracts the reading public.

David Graham Phillips was born at Madison, Indiana, on October 31st, 1867. His father and mother were the children of Indiana farmers, and were the first of their families in many generations who lived in a town. His mother had the idea of education with its usual strong western energy and started her children very young. Mr. Phillips used to read the Bible in family prayers when he was between three and four years old. Having a passion for reading he never played much at games but read and studied. It was fortunate that he had the constitution to stand the hours and hours of reading, reading, reading year in and year out. Mr. Phillips went to the public schools in Madison where he had a tutor in Greek when he was nine or ten years of age. Hebrew was studied also, but not so much as Greek for it was neglected for novels and history. After going to DePauw University, then Indiana Asbury, where his father had gone, he entered as a Sophomore with the class of '85. As he was not yet fifteen his father took him out and entered him again a year later in the class of '86. At the end of the Junior year, Mr. Phillips entered Princeton University graduating with the class of '87, after which he went into newspaper work on the Cincinnati Times-Star, going from there to the Cincinnati Commercial-Gazette, then to the New York Sun, then to the World as London correspondent and afterwards as editorial writer. Mr. Phillips gave up journalism for his present work in 1902, writing since then The Cost, The Plum Tree, The Social Secretary, and now The Deluge.

DAVID GRAHAM PHILLIPS

The Deluge is the story of Matthew Blacklock, a man who from bootblack rose to be known as the "bucket-shop king" of Wall Street, and finally one of the high kings of finance. It is told in his own words with the force and directness one would expect from such a man. In beginning the story he says: "This shall be a cross-section out of the very heart of our life today, with its big and bold energies and passions, the swiftest and intensest life ever lived by the human race."

The story shows very clearly how Wall Street does things—robs the public and makes money. At the present time the book is especially opportune when the public is becoming interested in how it has been fleeced. This book

will fulfill a mission as it will enlighten the public on matters of high finance. Many will read this story who never would read articles on finance and those already familiar with finance of today will profit by it also.

A very interesting love story runs through the book and it is totally unlike any other love tale yet published. The story gives a glimpse of some phases of modern aristocratic society.

The volume abounds in bright and true statements. For instance: "For the man who wins in the long run at any of the great games of life—and they are all alike—is the man with the cool head." "Life means action; action means self-assertion; self-assertion rouses all the small, colorless people to the only sort of action of which they are capable—to sneering at the doer as egotistical, vain, conceited, bumptious, and the like."

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners, by Leading Members of the Medical Profession throughout the World. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia. Vol. III. Fifteenth Series. Pages, 302. Cloth. Price, $2.00. J. B. Lippincott Co., Philadelphia.

This is an unusually good volume in this series, every issue of which has been worth more than the cost of the book.

"The Therapeutic uses of the Roentgen Rays, or Radiotherapy," is an excellent contribution from the pen of George C. Johnston, M. D., of Pittsburg, who has done a large amount of X-ray work from its introduction. Dr. Johnston closes with some terse conclusions, a few of which we quote:

Failure must be attributed to faulty technic, not to the agent employed. A gun shoots as straight as it is held.

Experience is better than theory, and both combined are wisdom.

The best test of an agent is time.

Unless a man can give enough time to radiotherapy to become expert, he is not justified in holding himself out to the world as a qualified operator.

There is no easy road to success in radiotherapy,—the expert men are the hardest workers.

Knowledge of the use of any apparatus does not accompany it, even if it seems to be included in the purchase price.

Good results canot be expected to follow the use of poor, inefficient apparatus. Tubes, coils, etc., are usually worth about what they cost, and the best are none too good.

The monograph contains fifty-three illustrations, mostly half-tone plates.

Dr. Henry Huchard, of Paris, contributes an article on "Formic Acid and the Formates," showing their musculo-tonic and diuretic action. "The Symptomatic Treatment of Tuberculosis," is a practical article, by N. R. Barnes, M. D., of Washington, D. C. John W. Wainwright, M. D., the well-known authority on materia medica, of New York City, furnishes an article of considerable length on "Serumtherapy," giving a summary of all that has been done in this promising field. "Addison's Disease," is the subject of a clinical lecture by Edward F. Wells, M. D., of Chicago. Dr. J. Sherman Wight, of New York City, gives a very useful article on "Fractures of the Patella," illustrated with four full-page plates and the histories of forty-six cases. "Syphilitic Necrosis of the Frontal Bone," by A. H. Ohmann-Dumesnil, M. D., of St. Louis, presents an excellent contribution, illustrated

Every article in this volume is valuable, but our space permits to call attention to only a few, the above and the following:

"Paraffine Injections by the Cold Process," by M. Broeckaert, M. D., of Ghent, France; "Ethyl Chlorid: Its Value as a General Anesthetic," by Thos. D. Luke, F. R. C. S., of Edinburgh, Scotland; "Acute Anterior Poliomyelitis," by Sanger Brown, M. D., of Chicago; "Hay Fever and Asthma," by Chas. H. Knight, M. D., of New York City; "Major Trauma of the Eye," by Wm. T. Shoemaker, M. D., of Philadelphia; "Cirrhosis of the Liver," by Richard Kretz, M. D., of Vienna.

PRACTICAL MASSAGE IN TWENTY LESSONS. By Hartvig Nissen, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Director of Physical Training, Brookline Public Schools; Former Acting Director of Physical Training, Boston Public Schools; Former Instructor of Physical Training at Johns Hopkins University and Wellesley College; Former Director of the Swedish Health Institute, Washington, D. C., etc., etc. Author of "Swedish Movement and Massage Treatment," A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 Original Illustrations. 168 Pages. 12mo. Price, Extra Cloth, $1.00 net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia.

Physicians all over the world are giving more attention to therapeutic measures which are of value, in addition to medical treatment. Instead of leaving non-medicinal measures to be practiced by uneducated individuals, the profession is using these measures in every day practice and deriving many benefits from their use. Massage, vibration, electricity, suggestion and light rays are being extensively used by physicians and are widening the therapeutic field, increasing the physician's usefulness and adding to his income.

This book does not pretend to be a complete manual on massage but it shows how to give massage, also a few passive and resistive movements, so that many cases can be relieved and cured. The book treats of gymnastic exercises as well as massage. The first lesson gives the history and principles of massage. Several lessons are devoted to the classification of movements and their execution and effects. Then the author describes the application of general massage and the massage treatment of local diseases. The author shows that he thoroughly understands massage and gymnastics. The book presents the subject very clearly so that the busy physician can quickly obtain a practical knowledge of the subject. Many physicians will be glad to have a work on massage like this which gives a brief but thorough treatise on the subject. The many illustrations aid very much in elucidating the subject.

THE ERA KEY TO THE U. S. P.; A Complete List of the Drugs and Preparations of the United States Pharmacopoeia. Eighth decennial revision (1905). Vest-pocket size; 83 pages; price 25 cents. The Pharmaceutical Era, Publishers, 90 William St., New York.

This little book is based on the new pharmacopoeia and gives all the changes made by it. The book comes in vest-pocket size and gives in a "nut-shell" all the essential information required by the physician who desires to prescribe pharmacopoeia remedies—their official names, synonyms and constituent parts, with average doses in both metric and English systems. The idea of putting

the essential information of the Pharmacopoeia in so small a compass is claimed to be original with the publishers, under whose direction the little work was compiled.

BOOK NOTES

The first part of Thos. W. Lawson's "Frenzied Finance," has just been issued in book form by the Ridgeway-Thayer Co., Union Square, New York City, publishers of Everybody's Magazine.

'Development of the Bones of the Hand, as Shown by the X-Ray Method," by J. W. Pryor, M. D., Professor of Anatomy and Physiology, State College of Kentucky, Lexington, Ky., is a valuable publication issued by the college. It contains twenty full-page plates from X-ray photographs.

The Physician's Pocket Account Book for 1906, by Dr. J. J. Taylor, has just been published by the Medical Council, 4105 Walnut St., Philadelphia. It is a neat, compact, easily kept and strictly legal book, carried in the pocket, always with you, showing each person's account at a glance. All entries are made but once, on the day when the services are rendered, in plain, legal language, and require no posting or further attention. The book contains obstetric, vaccination and death records and cash accounts. The book is 4¼x6¼ inches, containing over 200 pages. Price, bound in leather, $1.00.

The leading articles in McClure's Magazine for November are: "Reminiscences of a Long Life," part one, by Carl Schurz; "The Railroad Rates," a study in commercial autocracy, by Ray Stannard Baker; "Pioneer Transportation," part two, by Charles F. Lummis. There is a new story by Rudyard Kipling, "With the Night Mail," with illustrations, one being the colored frontispiece. "The Lottery of Death," by Lieut. Jas. M. Stradling, gives a bit of Libby prison history. There is a good variety of fiction in this number and the usual liberal supply of illustrations. During the coming year McClure's will publish series of strong articles by Ray Stannard Baker, William Allen White and Lincoln Steffens.

In Everybody's Magazine for November Thomas Lawson continues his "Frenzied Finance," which has opened the eyes of the American people to the methods of Wall Street and high finance. Chas. Edward Russell begins a new series of articles, "Soldiers of the Common Good," which will deal with co-operation, municipal ownership, government ownership, etc. Mr. Russell has been abroad a number of months gathering material for these articles. "The Night that Made Me a Revolutionist," is the second article in Ernest Poole's powerful interpretations of the Russian life of today. He tells of the church tyranny, police brutality, and the cruel prejudice against peasant education, that made him a revolutionist. Some of the other articles in this number are: "The Rothschilds of Finance," by Vance Thompson; "The Sacred Animals of India," by Edmund Russell; "Ella Rawls Reader, Financier," by Juliet Wilbur Tompkins; "Chickens," by Eugene Wood. There is a great variety of fiction and a large number of illustrations in this issue.

The feature of the American Illustrated Magazine for November is the first installment of a really absorbing novel by Mary Cholmondeley, called "Prisoners." The story is dramatic and emotional, the plot begins to unfold from the first page, and if one may judge from a first installment, it bids fair to surpass in interest the famous "Red Pottage," by the same author. The entire magazine is attractively illustrated, and there are a number of very interesting articles. Under the caption, "The Man Behind the Stars,"

F. Eldenkie Fyles tells of Clyde Fitch's power in the theatrical world, as maker of popular actresses. Charles H. Caffin continues his story of American painting, with a treatment of the beginnings of foreign influence; Frederic Tabor Cooper has a very readable article on "The Hopeful Tendency in 'Fiction,'" and Miss Laut writes the history of Baranof, the "Little Czar of the North," with characteristic charm. There is also a paper by Miss Call, on "Money Strain." For $2.20 we send The American Magazine, The Cosmopolitan, and The Recorder, all one year, and 1,000 premium labels.

Caroline Duer's new novel, "Cinderella of the Garden House," appears complete in Lippincott's Magazine for November. The "Cinderella" of Miss Duer's creating is a young American girl who is making a tour of Europe in the train of an uncongenial stepmother. At Rome the prototype fairy godmother appears and soon the Prince draws near —and thereby hangs the tale. Respect is paid in large measure to the two supreme subjects of the month: Football and Elections. Ralph Henry Barbur's Harvard-Yale football story is called "The Dub." The best election story of the month is that called "Spatter's's Campaign," by Sarah Comstock. A good example of "the noble art of self-defence" is given under the title of "The Broken Foil," by Fred Gilbert Blakeslee. The title of Eleanor H. Porter's story is "Nuts to Crack and Mary Ellen." Life in a village runs along without a ripple until some little-suspected human tragedy is uncovered which shakes the very foundations. Such an incident is that told by Lizette Woodworth Reese under the title of "Henrietty." Alfred Stoddart's entertaining steeple-chase sketch, entitled "Over the Jumps," is timely. Maude Howe is the author of a delightful fiction-travel paper called "Bad Langenschwalbach." Actors—and others — will be interested in a sketch, by Isabel Gordon Curtis, called "An Inherited Autograph." In it the autograph of the late Joseph Jefferson is reproduced as well as that of the first Joseph Jefferson, which is strikingly resembles.

The World To-Day for November presents an immense amount of useful and entertaining information. "The Glory of All Lands," by Lewis Gaston Lang, is descriptive of the Holy Land, and is beautifully illustrated. "Japan as a Commercial Rival," is a timely article by Wolf von Schierbrand, Ph. D.; author of "America, Asia and the Pacific." "Chicago's Traction Question," is a strong article by Edgar B. Talman, special counsel in traction litigation for the city of Chicago. Other articles in this number are: "Country Library Pioneering in Massachusetts," illustrated, by Edward Kirk Titus; "The Salmon Fisheries of the Northwest," by Waldon Fawcett, with many illustrations; "A Logging Camp in the Northern Woods," by Louise Davenport, illustrated by photographs taken by the author; "Seeing Nature with Both Eyes," by Frederick W. Coburn; "Negro Concentration in the South," Edwin C. Eckel, of the United States Geological Survey; "Reforming Athletics in the West," by the editor, Shailer Mathews. The regular departments in this magazine are worth more than the cost of the magazine. They are: "Events of the Month," an editorial summary of the world's progress; "Men and Women of the Month," biographical sketches, with portraits; "The Making of To-morrow," how the world of to-day is preparing for the world of to-morrow; "Books and Reading," and "Calendar of the Month." Each number of this magazine contains 128 pages and 100 illustrations, many in color. The World To-Day is published at $1.00 per year but is unsurpassed by any of the $3.00 magazines. For $2.20 we send The World To-Day,

The Cosmopolitan, The Recorder, all studied, and the better it is understood,

The November Cosmopolitan overflows with good things. Few living men know the American Indians so thoroughly and so sympathetically as does Frederic Remington. He has painted them to the life, and he can write of them just as well. "The Way of an Indian" is a remarkably realistic piece of work. It is full of surprising touches. No one who has not lived among the Indians as Mr. Remington has done could have written it. The illustrations, of course, speak for themselves. "European Society Contrasted with Ours," by Henry Watterson, is an article which will create as much comment as anything this veteran journalist has written. The article is freely illustrated with portraits of English society leaders. "Did America People the World," is an illustrated article by Daniel T. Pierce, giving the results of the Jesup expedition, which show that the Asiatic people came originally from this continent. "The Eclipse Seen From a Spanish Mountain," is an illustrated account of the recent eclipse by Gabrielle Renaudot, the young French woman who has devoted herself to the heavens. "Separation of Church and State in France," is discussed from the government standpoint of Senator Clemenceau and from that of the church and aristocracy by the Marquis de Castellane. "Fate of the Brown Empire," by Vance Thompson, presents the Moroccan question. The article is freely illustrated. "Transforming the World of Plants," is an illustrated article by Garrett P. Serviss, on the wonderwork of Luther Burbank. These are some of the leading features in this number. There is a great variety of fiction and something of interest to the whole family. For $2.20 we send The Cosmoplitan, The World To-Day, and The Recorder, all one year, and 1,000 premium labels.

MODERN THERAPEUTICS

A NEW PREPARATION OF IODINE

Iodine has not only retained its position in the front rank of therapeutic agents, but the more its physiological action is studied, and the better it is understood, the greater becomes the field of its usefulness; the indications for its administration therfore are fixed more scientifically and with more precision. The best organic compound of iodine is the iodotannic compound. It is in this form that iodine is found in many vegetables. Therefore for many years chemists have been seeking a process which would allow them to add to the tannin of plants a larger quantity of iodine than is normally found therein. It would have been easy for us to prepare an elixir, a syrup or an iodotannic wine, but we put aside these forms. The alcohol in elixirs and wines is frequently contra-indicated in numerous cases in which iodine would be of inestimable service, and even the syrup is not exempt from criticism on account of the repugnance patients have to its sweetness and its possible deterioration through fermentation. We, therefore, gave preference to the saccharated form, to which we have given the special name of "Iodalia." This new method of presentation offers, however, serious technical difficulties. The combination of iodine and tannin is very hygroscopic, and, for that reason, is difficult to dessicate with any uniformity. After repeated experiments, however, we succeded in overcoming this difficulty, and are now able to guarantee the absolute preservation and inalterability of our saccharated "Iodalia." Numerous tests made in typical cases have proven that "Iodalia"

is perfectly tolerated. Even in very large doses, no symptoms of iodism have been noticed, whereas correspond-combinations, could certainly not have been tolerated. Elimination proceeds naturally, and one hour after the absorption of a teaspoonful of the saccharate, the urine contains manifest doses of iodine, pure or in mineral traces of iodine. There is a gradual increase up to the third hour, only to disappear at the end of twenty-four. Tests made on patients who were susceptible to ordinary iodine medication showed that they were not affected by this preparation. Dosage.—In iodine strength, Iodalia corresponds to 6 centigrames (1 gram) of iodine in each teaspoonful. Dispensed by leading pharmacists. Prepared by M. Pelville, Paris. Send for literature and sample. Geo. J. Wallau, U. S. Agent, 2 Stone St., New York City.

NOTES ON A CASEOF PERIMETRITIS

By Hukam Chand, C. M. S., Surgeon Delhi Hospital, Delhi, India.

I was called to see a female patient in the city on October 12th, 1904. On arrival I found her with fever, temperature 102°, tongue coated, pulse rapid, bowels costive, urine scanty and high colored, pain and tenderness over the hypogastric region as well as in both iliac fossae, vagina hot (as told by native dhai) but no discharge. On palpation the uterus was found hard and on inquiry it was found that the present complaint was due to abortion and exposure to cold. I diagnosed the case as perimetritis associated with ovaritis and prescribed:

(1) Calomel gr. ¼. One every three hours.

(2) Anitkamnia & Heroin Tablets. One every four hours.

(3) Turpentine stupes over the seat of pain.

(4) Liquor Morphia, 15 minims at night, if no sleep.

Oct. 13th.—Pain less than before, had a good sleep for four hours. Continued the same treatment.

Oct. 14th.—Pain less than the previous day, had good sleep without morphia.

Oct. 15th.—Pain considerably less, patient could walk with the aid of stick. Good sleep. Continued same treatment but stopped turpentine stupes.

Oct. 16th.—Very slight pain remaining, patient weak, otherwise well. Stopped calomel, prescribed castor oil, oz. 1, and continued antikamnia & heroin tablets as before.

Oct. 17th.—No pain at all. Bowels. moved twice. Prescribed tonic mixture. Patient getting well.

Remarks.—In my opinion the recovery of this case was due to the analgesic and antipyretic properties of antikamnia and heroin tablets. They are worth a trial in such conditions.—Practical Medicine, March, 1905, Delhi, India.

HEMORRHAGE FROM THE BLADDER

Dr. Chas. D. Camp, Chicago, reports the following case of hemorrhage from the bladder which he considers to have been of tuberculous origin:

J. K., age 45, called April 20th stating that he had had a hemorrhage from the bladder and had been under treatment by a prominent physician of this city—a specialist in genito-urinary diseases—he was pale, exsanguinated and weak from loss of blood, with a hard, painful lump in right groin; very tender on pressure. By use of catheter, drew off urine, which was about four ounces, and about one-half was blood, with some coagulated shreads following. With hypodermic needle, injected in the lump, which was three inches in length, in three places with five minims of cresylone.

This gave him great relief. I washed out the bladder with alum solution, and told him to report next day, which he did. The hemorrhage was the same, but the soreness was gone. I then washed out the bladder with solution of lead and alum (Bilroth's solution) and had him report again the next day; the hemorrhage had been the same. Then I washed out the bladder with eusoma, one part to three parts of water, and had him report the next day, when to my surprise he stated that there had been only a trace of blood, which he said had not shown until four hours before. I then provided him with a soft catheter and had him use the eusoma twice a day, morning and evening, with the result that the blood entirely disappeared and has not shown a trace but once, which was about a week ago, when he had failed to use the eusoma as directed. While using the eusoma as a wash, I have given him an antiseptic tonic by the mouth. His appetite has much improved, his color is nearly normal, he has gained three pounds in weight and feels much better. He is following his vocation as a barber and bids fair to make a full recovery. Before coming to me he had been examined with the cystoscope and microscopically, and case pronounced a papilliform carcinoma. I found a slight stricture of the urethra, which does not prevent using the catheter, and for which I have not given any treatment, wishing to make sure of the vesicle hemorrhage first. From the progress made so far, and the great improvement made in general health, I thing the promise of complete recovery is good. —The Medical Herald, July, 1905.

Iodoeral is an antiseptic powder, made by the Kremers-Urban Co., Milwaukee, which has a wide range of usefulness. If you are interested in this product, you may obtain a sample free.

THE NEW TONIC APHRODISIAC

"Special Formula No. 33"—is conceded to be the most efficient aphrodisiac obtainable. Since its introduction in 1897 we have had no records of failure following its use in curable cases. A glance at the formula will suggest its superiortiy for the treatment of sexual incompetency, spermatorrhea, seminal emissions, senile debiltiy, sexual atonicity, sterility and its evident adaptability in grave neurasthenias, cachexias spinal sclerosis, locomotor ataxia, etc. "Special Formula No. 33" shows the most remarkable aphrodisiac properties and at the same time, when rationally used under the direction of physicians, is absolutely harmless, which is more than can be said of the majority of the illogical compounds which have been offered to both physicians and laymen by unscientific manufacturers. Many of these archaic products, put out under pseudo-scientific titles, are composed of phosphorus, cantharides and the decidedly ineffective damiana, and excite undesirable irritation and stimulation. In fact, fatty degeneration of the liver and kidneys and very grave inflammation of the genito-urinary organs, have been occasioned by their use. Phospho-Albumen (derived from the testes, spinal cords and brains of bulls) is here presented as a pure, dry extract. Its chemical constituents are, dioleyl-phosphoric acid, lecithin, spermine and nuclein. "Phospho-Albumen" enables you to administer 85 per cent more phosphorus than you can in any other form, absolutely without danger of toxicity, or any other undesirable by or after effect. It is, alone, by reason of its derivation and chemical nature, the most reliable agent for the treatment of functional impotence, sexual atonicity, seminal emissions, spermatorrhea, etc. The formula is as follows: Phospho-Albumen, grains 3; strychnine sulphate, grain 1-50th; zinc phosphite,

grain 1-10th; gold chloride, grain trial invited. Samples free if you men- 1-60th, in tablet form only. A fair tion this journal. Phospho-Albumen Co., Station M, Chicago, Ill.

THE MEANING OF SUBSTITUTION TO THE PHYSICIAN

The substitutor prescribes for your patient without regard for your reputation or the welfare of your patient, assuming that you do not know your business.

Why does he do it? For illegitimate profit.

What are you going to do about it?

The substitutor:

You lose your patient, but don't know why.

The substitutor:

The man who sells your patient a gold brick. Your patient believes you did it.

The name of the physician who permits substitution on his prescription. —E. Z. Mark, M. D.

The substitutor:

The man without originality or initiative. He wants to degrade you. Will you permit it?

The substitutor:

The man who sacrifices you and your patient to satisfy his avarice.

What are you going to do about it?

The substitutor:

Ananias was an angel compared to him. He first stole money and then lied about it. Penalty—Death. The substitutor steals your patient's money, his chance for life and your reputation as well. Penalty—Increased bank account.

LEAKY BLADDERS

It is the little things in life that worry us most; and the constant irritation produced by a little annoyance causes a leakage of nerve force, that keeps the victim constantly exhausted, nervous and irritable. Many women and many elderly men suffer from irritability of the bladder with feebleness of the sphincter. It may not be generally known that for this condition arbutin is an ideal remedy. The dose is a grain a day, divided through the waking hours. The Abbott Alkaloidal Co. supplies this glucoside in tables of 1-6 grain each. It is exceedingly useful in all forms of cystitis and albuminuria.

The superiority of Sal Hepatica over the natural mineral waters that are specially recommended in the uric acid diathesis and the various forms of constipation is clearly shown by the following facts: By commingling lithium and sodium phosphates in proper proportions with certain of the "Bitter Water" salts, as represented by Sal Hepatica, a compound is secured that is superlatively more active than either the lithium or sodium salt alone, or, indeed, than any natural mineral water or any combination that can be effected. Recognizing this, the most eminent practitioners latterly have taken to prescribing Sal Hepatica in preference to the natural waters, the untoward manifestations accruing reduced to a minimum and their palatability materially increased.

Sal Hepatica is very effective in limiting and reducing the amount of uric acid formed within the circulation and excreted by the kidneys, and is very freely absorbed and taken into the blood and as rapidly (along with the chemical products formed) eliminated by the excretory ducts or organs as is readily demonstrated by its presence, after a brief course thereof in perspiration and urine, the latter more particularly being doubled or trebled as to quantity and rendered decidedly alkaline.

CLINICAL NOTES

In this progressive age it is pleasing to note that the pharmaceutical chemist is keeping well to the front in the matter of improving the older preparations as well as in the production of new and more valuable ones. Notable among these achievements is Hagee's cordial of cod liver oil compound. It is an elegant combination of particularly useful remedies which are too well known to require more than casual mention here.

Each fluid ounce represents thirty-three per cent pure Norwegian cod liver oil with six grains hypaphosphite lime and three grains hypophosphite soda in perfect solution.

Combining as it does palatability together with the most active tonic, alterative, reconstructive and digestive properties, it is well tolerated by the most sensitive stomach and in my experience has never failed to produce a decided improvement in the digestive function in cases where serious disturbance was present.

A brief history of the following case is appended:

Miss. P., age 31. Occupation, seamstress. Family history: Two brothers and one sister had died of phthisis pulmonalis. Patient had been suffering from severe cough, fever, night-sweats and progressive emaciation for several months. Physical examination which was supplemented by microscopic examination of sputum established diagnosis of tuberculous disease affecting apices of both lungs. The stomach was extremely irritable, which fact had interfered seriously with previous treatment.

Treatment. Bowels were regulated and careful instructions given concerning observance of hygienic rules, etc. Hagee's cordial of cod liver oil compound was prescribed, tablespoonful three times daily after food.

Improvement was prompt and at the expiration of two months patient was discharged cured, having regained her normal weight and all of the old symptoms having disappeared. This was more than a year ago and she has since remained well.—M. Luther Spriggs, M. D., Joplin, Mo.

The attention the profession is giving to mechano-therapy makes of especial interest a booklet now out which gives much pertinent information in regard to the subject. It describes fully a new vibrator which is really portable, and the most wonderfully perfect piece of mechanism that has come recently to our attention. It also tells all about fluid vibration, the latest scientific development in the construction of vibratodes, and full details of the physician's vibragenitant above referred to. Those of our readers who are interested in this subject can secure free a copy of this booklet by addressing Sam J. Gorman & Co., 515 Baltimore Building, Chicago.

A successful medical practitioner of many years standing makes the following statement:

"There are a large majority of combination which extemporaneous pharmacy cannot prepare properly; and I know that through the dishonesty, ignorance, or indifference of many retail druggists we are not able to get on prescriptions the very best drugs; hence it is to the manufacturing pharmacist, whose best interest lies in the purity and uniformity of his product, that we must look for our most reliable remedies.

I endorse worthy proprietaries, but I most heartily condemn the great tendency of the "half-baked," so called manufacturing "chemist," to foist upon the profession and public cheap imitations of standard preparations."

THE PALMER MEMORIAL HOSPITAL

Is a modern institution well equipped for General Medical and Surgical work. It is situated on an elevation above the noise and dust of the city, and yet is near the center of the city and is quickly reached by electric street cars. The operating rooms have the latest appliances, are well lighted and thoroughly aseptic. A large amount of general surgery and operative gynecology is being done constantly. This hospital has special facilities for the treatment of diseases of the

EYE, EAR, NOSE and THROAT

This department is in charge of Dr. J. P. Thorne. The advantages of complete asepsis and good nursing make this a desirable hospital for surgery of the eye and ear. Special facilities are provided for the care of cataract patients. This department has all of the most improved apparatus used in such work for diagnosis and treatment. Electricity in its various forms is largely used. Careful attention is given to reflex and other troubles due to errors of refraction which are corrected by instruments of precision such as the ophthalmometer and retinoscope.

A training school for nurses is maintained in connection with the hospital.

No contagious diseases are received.

Communications relating to Eye, Ear, Nose and Throat Department may be addressed to Dr. J. P. Thorne, Office, Jackman Building, Janesville, Wis.

Correspondence regarding other departments of the Hospital should be addressed to Superintendent, C. E. Baker, 220 Washington St., Janesville, Wis.

BRIEF MENTION

The Cystogen Chemical Co., St. Louis, will send you samples of their products, if you wish to try them.

The Kremers-Urban Co., of Milwaukee, will send you, on application, their new catalogue of pharmaceuticals.

The Fitchmul Co., Concord, N. H., will send a sample and a hundred-page book of clinical reports on request.

The Ideal Chemical Co., St. Paul, Minn., will gladly tell you how to cure hernia cases and make some money.

Stumpf and Yaw, 414 Broadway, Milwaukee, will supply you anything in typewriters and typewriter supplies.

The Wheeler Chemical Works, Chicago, will be glad to send you a liberal sample of noitol to try in treating eczema.

Fellows' hypophosphates can always be relied upon to do what is expected, as it is a most reliable pharmaceutical product.

If you need a sign or sign letters write to Geo. Steere, 256 Clark St., Chicago. You will get something good at a reasonable price.

Uriseptin is useful in many disorders of the urinary tract. For 25 cents, The Gardner-Barada Chemical Co., Chicago, will send you an eight ounce bottle.

Pas-Avena is a valuable remedy in many disorders of the nervous system. Samples and literature free of the Pas-Avena Chemical Co., 223 East 80th St., New York City.

Dr. Becker's compound digest has been in use successfully for many years. Write the Dr. Becker Compound Digest Co., 107 Dearborn St., Chicago, for full particulars about this valuable remedy.

This is the time when you can find many cases that will be helped by triacol. The Alpers Chemical Co., 4-6 White St., New York City, will send free samples and literature.

The Russell storm shield converts your buggy into a closed cab, a great comfort in bad weather. It is made by the Russell Storm Shield Co., Deepwater, Mo.

Bioplasm has a wide range of usefulness. The Bioplasm Co., 100 Williams St., New York City, makes some liberal offers to introduce the remedy to physicians.

You need a good cart at this season of the year. D. F. Sargent and Son, Geneseo, Ill., will supply you a good one. Send for their catalogue; it will interest you.

Burnham's soluble iodine gives the full therapy of iodine without iodism. The Burnham Soluble Iodine Co., Auburndale, Mass., will send free samples on request.

When prescribing cod liver oil it is well to remember that hydroleine presents the remedy in palatable and efficient form. Sample free of the Chas. N. Crittenton Co., 115 Fulton St., New York City.

The Bloodless Phlebotomist is the name of a little monthly magazine issued by the Denver Chemical Manufacturing Co., of New York City. The October number contains much information on the therapeutics of antiphlogistine. A copy may be obtained free of charge.

The Swett and Lewis Co., 18 Boylston St., Boston, Mass., has just issued a fine catalogue of X-ray and High Frequency Coils. This firm will send this catalogue and an interesting reprint on High Frequency Currents, by Dr. E. T. Nealey, upon application. The business of this firm has grown so that it was necessary recently to remove to larger quarters.

The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

Vol. VIII DECEMBER, 1905 No. 12

Leading Original Articles

PHYSICS OF THE X-RAY.

By Gordon G. Burdick, M. D., Chicago, Illinois.

Chief Surgeon People's Hospital; Professor Radio-Therapy and Photo-Chemistry, Illinois School Electro-Therapeutics; Associate Professor Surgery, Post Graduate Medical School; President Chicago Electro-Medical Society.

(Continued from page 419 November Recorder)

The question has been discussed pro and con among physicians concerning the possibility of the X-ray having any medicinal effect below the surface, and many men not actually engaged in the work have seriously questioned the possibility for the X-ray to have any effect upon deepseated disease. This question has been solved to the satisfaction of regular operators for several years past.

Any physician who has seen a spleen filling almost the entire abdomen in leukemia disappear rapidly under the X-ray treatment when no other means had succeeded in reducing its size and those who have watched the treatment suspended after the spleen has shrunken over one half, have also seen that the retrograde process stopped with the X-ray, and resumes its course as soon as the ray is used again, can be persuaded to believe that the X-ray is not without an effect upon deepseated disease.

It is a demonstrated fact that the radiation has chemical qualities, that it will pass through the body and retain much of its chemical energy, as is demonstrated many times a day by skiagraphy. The penetration of the ray being under the absolute control of the operator he can calculate the depth and control his penetrations so that all of the X-radiation will come at rest at the place selected. No one can seriously question that the absorption of chemical energy is capable of doing work where its progress is arrested by organic tissue.

There are many facts at hand that teach us that the ray can be as effectually used for deep work as well as where the surface alone is affected. In a case of scalp lupus, treatment was given with a tube that sent its energy four inches within the skull. The exposures were made through a lead covering exposing only the diseased parts at a time, in order to save the remaining hair the patient had. A peculiar mental state developed following the treatment, with meningitis and death. A post mortem examination demonstrated that an area of atrophy had taken place opposite the five lupus patches, and at the triangle a marked inflammation was present,

while one section showed marked X-ray changes. It is evident that the apex of the triangle was receiving twice the amount of exposure than was being received by each patch. These facts should be kept well in mind, in order to avoid too much exposure of deep structures.

Many of the old operators will remember the experience they had while treating a deep seated cancer. It was evident that a slow but steady progress was being made towards a recovery; when without any warning a sudden and fatal toxemia would set in, killing the patient in twenty-four hours. The cause of this trouble was a mystery for several years and was supposed to be due to the carcinomatous tissue breaking down, but is now known that it was due to the destruction of the normal cells beneath the surface.

It is not possible to accomplish this result by hit or miss methods. This can only be done by carefully calculating the depth the ray should go, then regulating our apparatus with this result in view. In other words, we can produce an X-ray burn among the internal organs without influencing the skin in the slightest degree. This result is brought about by placing our tube at a greater distance, usually 18 inches for six inches of penetration, and compensating for our loss of energy by using more amperage in the tube.

CARCINOMA.

It is with reluctance that I mention this topic, but it has been considered as the most important one in connection with X-ray treatment, and the final word cannot be said as to its real value. There are many reasons why it is not possible to give a clear analysis on this subject at the present time. The most important is the belief among physicians that nothing has, or can have, a favorable effect upon cancer. The average medical man has had it borne in upon him so forcibly in his experience, that we know no method of treating cancer, and personally he dreads the disease so much, that he has responded to the call of the surgeon to send them in early, and no matter how early he sees them he should have found them earlier in order to prevent a recurrence after operation. The results from surgery have been, and are, disappointing; and when X-ray operators began to see some possibility of the ray proving useful, surgeons hailed the new treatment, and promptly unloaded all of the cases which in their judgment were inoperable, or had had several operations and a recurrence too extensive for any more surgical intervention.

These cases were treated by X-ray operators without charge in the interest of the new science. While the mortality was frightful a saving clause was found, and a small number of apparently hopeless cases did get well and have remained so for several years. It was regarded as almost criminal for an operator to treat a case that could be operated upon with even a remote suspicion that it was operable; but as the ray slowly and laboriously found its usefulness in this disease, it was proposed that an operation should be done and the surface rayed afterwards as a safe measure. It worked well in practice. The surgeon took all of the patient's available cash for the operation, and the X-ray operator treated the patient in the interest of science. The increasing number of favorable cases however attracted the attention of a few strong-minded physicians and their cases were brought directly to the laboratory before operation, and treatment insisted upon. Only 18 cases of this character have been brought to my laboratory in the last eight years, all of these were very favorable cases, many of them among young girls with breast cancer, some with extensive glandular involvement, and only three deaths have taken place among that number. A few have a lump barely

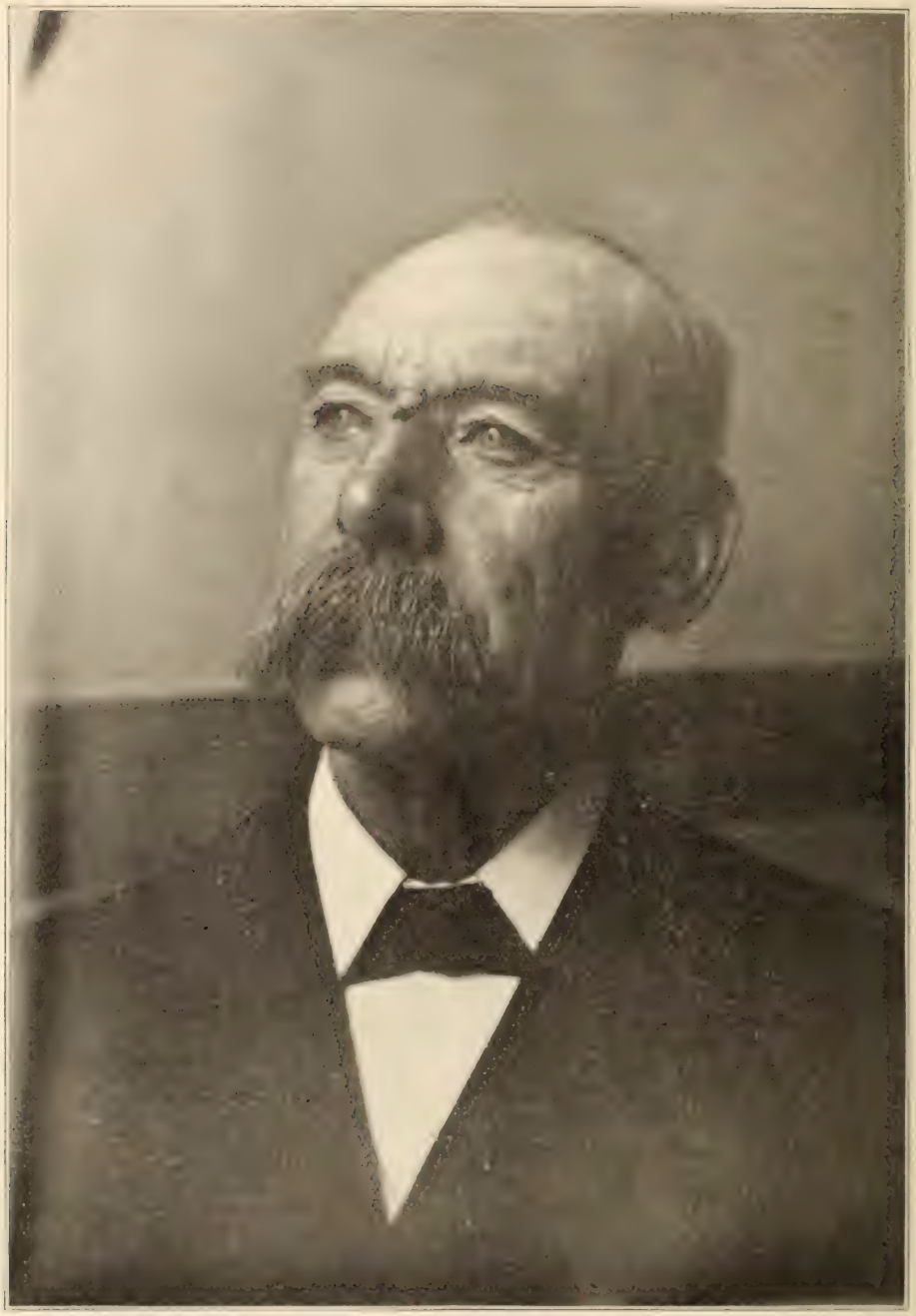
perceptible where the cancer was located, and the glands have disappeared. Some of these cases are of four years' standing and have shown no signs of recurrence, however each and every one of them are fearful of recurrence, in fact unthinking physicians who meet them encourage them in this belief.

The three unfavorable cases were rapidly growing breast carcinoma, one with the glands in the mediastinum involved and metastases in the liver. She was under treatment for four weeks and was encouraged to have an operation to which she consented. The breast and glands were removed but a recurrence took place and in six months proved fatal. A post mortem revealed that there was a general metastasis. The other case was under treatment for three months, while her health and strength improved the breast cancer remained in about the same condition, not growing or showing the slightest sign of disappearing. She lived two years and died with pneumonia. No change could be seen up to the time of death.

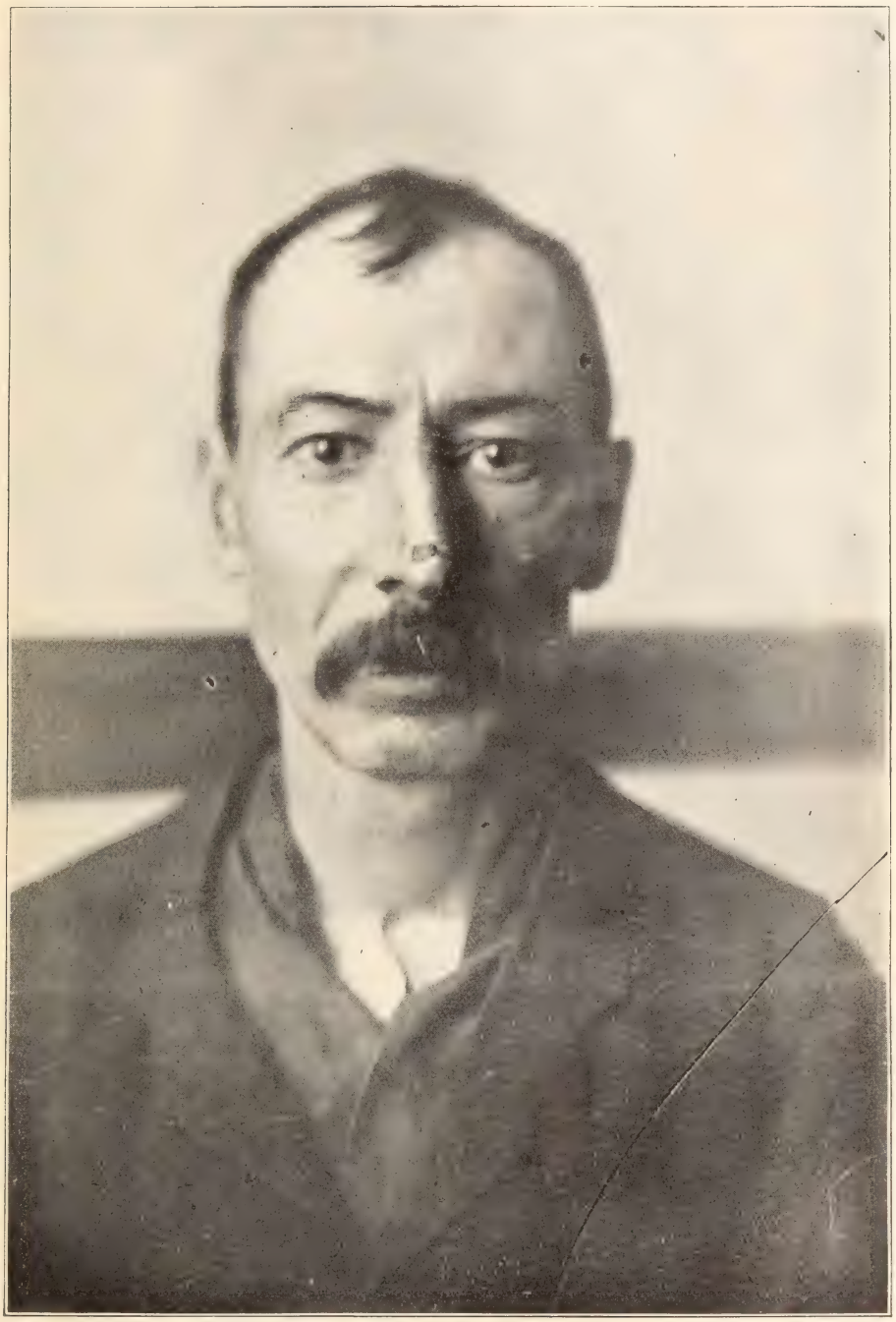
The third case was a rapidly growing breast cancer, the ray seemed to have no effect upon its growth. She developed a peculiar cachexia a few weeks after coming for treatment, and died very suddenly. It is only fair to say that this last case was under treatment while we were suffering from a tube famine, and the proper tubes were not available. From the small number of primary cases that I have personally treated, it would not be fair to draw any fast conclusions. It can be said in passing that every case of the 18 noted was considered a favorable one from a surgical standpoint, yet not one of them could be persuaded to have an operation, so by considering the results carefully and comparing them with the known results following surgery the effect upon these cancers by this treatment must be considered favorable; and if time and experience of other operators confirm the value of the treatment, as seems likely, a great advance will have been made in medicine.

The majority of cases treated by X-ray operators make up the class showing recurrence after operation. Of these I have had many cases, involving all parts of the body and have had curious results. I have come to the conclusion that a recurrence following a breast amputation, if taken early, will almost always recover. The parts must be treated promptly and vigorously, and it is no uncommon thing to see a recurrence disappear after a severe dermatitis leaving no evidence behind, and a good chance of being immune.

Cancer of the Uterus: Many cases have been reported where this disease has been treated with the X-ray, some have been considered favorable, a cure seemingly taking place, while the greater number have turned out as failures as far as a cure is concerned. All of these cases come to the X-ray operator with an inoperable cancer, or an extensive recurrence following an operation, so it is not surprising that the results have not been better, as the X-ray office has been the dumping ground of all the surgical clinics. As soon as a patient was absolutely beyond hope, and became a nuisance around the office he was encouraged to visit the X-ray man with some encouragement of good results. The result has been that our laboratories have been filled with patients who have no earthly chance to recover, and no one has ever had the delusion that they ever would. This condition has had more to do with throwing discredit upon the X-ray treatment than all other factors combined, and their treatment can only be justified because their life was prolonged, and rendered more comfortable because of the treatment received. I have never treated a case of uterine cancer by the ray but what the patient showed distinct improvement, even if it was only a matter of a few weeks. We find that the hemorrhage will cease after



Epithelioma. Twelve years standing. Disappeared after thirty-five X-ray treatments.



Epithelioma. Eight years' standing. Cured after twenty-five X-ray treatments.

Recurrent carcinoma. Disappeared after thirty X-ray treatments.

Carcinoma following herniotomy. Local trouble healed kindly. Died from cancer of the liver.

Tuberculosis of ankle. Cured after sixty-five X-ray treatments.

Tuberculosis of tibia following myelitis. Cured after 110 X-ray treatments.

about six treatments, the odor and discharge disappear, while granulations will follow in the course of three weeks. Many times the results look so favorable, and the general health improves so rapidly that both physician and patient are deluded into the belief that a cure will take place, but after a time the improvement seems to stop and the local condition remains about the same for a period varying from two weeks to two years, but eventually a retrograde change is noticed, the ulcers slowly increasing in size, and a peculiar cachexia develops, the patient's health is gradually undermined and she dies suddenly, having been spared the exhaustion due to pain and hemorrhage. It is rarely necessary to give any opium in the latter part of their life, as death is usually a surprise to their immediate family, as they seem so jolly and care free and keep up their interest in life up to the last, although it must be evident to their friends that they are slowly failing every day.

Sometimes the operator is surprised to see the improvement continue, until no objective signs of the disease remain. Twice in my experience I have seen a cancer of the uterus the size of an orange which was ulcerating, and had all the marked symptoms of this great disease, diagnosis being confirmed by the microscope, cured. I was astonished by the rapid and complete disappearance of the disease, the patient regaining her health and strength, no recurrence taking place in three years. No hope was entertained in either case, and the treatment was undertaken as a palliative measure. Other operators have had the same experience, and are at as great loss to explain them as I am.

The technic in the two cases involved the use of a vaginal tube exhausted to to Crook's vacuum, containing a cathode electrode of aluminum curved in such a way as to throw the cathode stream over a large expanse of glass, then connecting the cathode terminal to the high frequency coil, which resulted in a diffused X-ray near the end of the tube, that would penetrate the tissue for a distance of four inches, the bladder being protected by a layer of platinum foil placed over the active part to absorb the ray in this direction. Alternate treatments were given over the abdomen with a tube giving six inches penetration. I believe it would be possible to get a greater percentage of success if we had the proper tubes to work with. I believe that the tube must be in close contact with the surface when we are dealing with a case of cancer complicating a mucous surface in order to utilize the Alpha ray. This ray is destructive of cancerous tissue, but as it has so little penetrating power it is necessary to modify our technic in order to get as close to the disease as possible.

The Beta ray will hinder and retard the growth of cancerous tissue, but rarely will cause its destruction. It is for this reason that I believe that a proper tube excited by an Oudon resonator connected to the negative pole alone will be more likely to prove useful in uterine cancer than any other procedure we have. The small volume of current does not heat the glass beyond a comfortable temperature, and the induction from the tube is not so unpleasant as we get from our regular type of apparatus. More investigation should be carried out with apparatus of this construction, actuated by a resonator instead of an X-ray coil. Many reports of the favorable action of the ray upon uterine cancer have been recorded, one a recurrence after an hysterectomy, is reported by Dr. Wm. Pusey in the Journal of A. M. A., May 13, 1905. The recurrence had attained the size of a walnut, which was ulcerating and bleeding, but in three weeks under the X-ray treatment it had flattened down and there only remained an ulcer the size of a ten cent piece, in two months this had healed and left a

healthy scar. She has remained well for ten months, is healthy looking and now weighs 175 pounds.

Two cases were reported by Dr. G. F. Pfabler of Philadelphia, without details, at the Roentgen Society, of carcinoma of the uterus as apparently cured, four as retarded and one as improved.

Dr. J. N. Scott, Kansas City, Mo., reported at the Roentgen Ray Society, 1905, two successful cases of uterine cancer, and fourteen failures. A successful case of carcinoma of the uterus was reported by Dr. May Cushman Rice, in the New Albany Medical Herald, September, 1903. The patient had had a currettement followed by cauterization and was given X-ray treatment by Dr. Emil Grubbs for a short time through the abdomen. She gained in weight and felt better, but the discharge remained about the same. During December she had a severe hemorrhage, which continued at intervals until January when she became so discouraged that she stopped treatment, and in March she was referred to Dr. Rice. At this time she had fewer pains, night sweats, with loss of strength and flesh, accompanied with a good deal of sloughing off of tissue. Examination revealed a solid mass in the vagina with a much excavated cervix, none of the organs could be outlined, and the examination was followed by profuse bleeding.

Exposures were made daily through a Ferguson speculum of small size, a medium tube was used and excited by a static machine, lead foil was used temporarily to protect the surrounding, but was soon abandoned as the area was so extensive. The pain was much relieved by the second treatment, and there was a marked and steady decrease in the discharge and odor. Treatment was given daily until August 29th, through the speculum, and from then on by alternate days through speculum and abdomen, eventually a dermatitis developed over the abdomen and buttocks, but at the end of the week had apparently subsided, when suddenly it took on a serious form and large blisters appeared over the parts. The burns were not entirely healed until October 28th. October 31st, five weeks after the last treatment, a high temperature developed with a profound general depression. The temperature remained at 104 to 105° for several days, severe chills followed, and the offensive discharge which had been absent during the treatment became very profuse. Coincident with this discharge the temperature became normal and a normal convalescence took place.

Many more cases have been reported of successful efforts in uterine cancer, but no useful purpose would be served by repeating all of them, more unsuccessful cases have been reported, which it is not necesary to announce at this time. It is sufficient to say that the treatment is on trial, and farther than that it has not had a fair trial.

It must be evident to all readers that some operators have by a happy combination of apparatus and technic, or by a blunder, attained a result wholly at variance with our belief and education, a result that cannot be verified by other operators, or by farther work on their own part. The fact that these results have been brought about in some of the most hopeless kind of cases shows one thing plainly, and that is that the X-ray has a specific effect upon the cancer cell, and that it will take years of hard study to find out what this effect may be. It is my conception that the X-ray prevents the embryonic cells from dividing. The next problem will consist in devising some method that will give just the right ray and deliver this ray at just the place where we want the work done.

At present no rational technic has been in use, we have been using the rays from all kinds of tubes and apparatuses. It is my belief that eventually a tube will be made of some glass

composition that will give us just what we want for these deep seated cases, in other words will give us a ray that will penetrate to a known depth and not irritate the skin in passing. This can be obtained by changing the construction of our tubes in such a way that we obtain a flat field instead of the curved field in use at the present time.

I have spent a great deal of time and money upon this problem with results that encourage further investigation along this line. It is now being thoroughly investigated for the first time by Mr. Robert Friedlander, who has the proper facilities to get results. The X-ray world owes this gentleman a debt of gratitude it will be hard to repay; he has spent his time, energy and money, in organizing, developing and manufacturing anything that may be of use in this line of work. He has the largest tube plant in this country, and has kindly constructed hundreds of expensive tubes, in order to prove the conceptions of various men to be true and false. It is to his own labor that X-ray workers have been able to get reliable tubes.

ANEMONIN

By J. R. Landers, M. D., Bernadotte, Illinois.

This is a remedy I hear nothing of, and I read but little said about it.

The standard granule contains 1-134 gr., or one-half milligramme. I have made use of this remedy to some extent in menstrual difficulties. I will cite but one case and that one is quite fresh in my mind.

One cold morning when the snow was knee deep, I was summoned to see a farmer's wife. When I reached her bedside she seemed to be suffering great pain in the region of the ovaries and uterus. I inquired as to the trouble; she informed me that she had begun menstruating at her regular period time, about three p. m. the day before, but that circumstances necessitated that she walk through the deep snow—and it was a very cold day—for a mile or more to get her cows. When she got back to the house the flow had stopped, and she was suffering so much pain and distress that she had to lie down. She had tried all she knew but it was of no avail. Suppression still continued. This was 8 o'clock a. m.

I immediately gave her 1-134 gr. anemonin in hot water, repeated in one-quarter hour, and left her a few doses with instructions to repeat the dose every quarter hour for 6 doses, then every half hour until her menses were re-established or the pulse was 70. If by 2 p. m. the function was not established she was to let me know.

I never heard from her till about 8 o'clock the next morning. Her husband came in and informed me the woman was up and all right when he left home that morning, and that menstruation was re-established by 10 o'clock, or two hours from the time I gave her the first dose of anemonin. By noon she was up to dinner, and was continuing to feel all right and attending to her household affairs.

I have used anemonin many times in these conditions, and have come to consider it the surest. safest and all-around the most satisfactory remedy for this condition I have ever tried. Many times I have used it and had the woman up at work in a few hours. It has possibly served me equally as well in emansio mensum and delayed menses as it has in menostasia. I have tried it frequently when the woman was trying to "fool me" by saying it was her time, etc., and was suffering, but could not menstruate; but it doesn't seem to work here, and I never had it do any harm.

PRACTICAL ELECTIVE SURGERY FOR THE GENERAL PRACTITIONER

By Charles C. Miller, M. D., 100 State Street, Chicago, Ill.

(Continued from page 422 November Recorder.)

STRICTURE OF THE RECTUM.

The conditions causing stricture of the rectum have been responsible for much discussion among the members of the profession. Opinions differ widely as to the causes and treatment of rectal stricture. Malignant disease does not invariably lead to stricture and as we have considered previously, the colostomy is seldom indicated for the relief of obstructive conditions following malignant invasion. Malignant growths when found have often extended beyond the walls of the bowel so that hope of complete eradication may be abandoned. Partial removal is usually inadvisable with the dissecting methods used in radical extirpation but partial removal with the curette may decidedly improve the symptoms which are so often so distressing in these cases. The curette or sharp spoon is indicated in malignant rectal disease when masses interfere with the passage of the fecal current, when bleeding is frequent, when great pain is probably due either to the obstructive masses or to surfaces, the condition of which may be altered by the curette. If a mass is removed with the curette the foul odor which is often so distressing to all about one of these patients may be relieved. The surfaces which are so sensitive as to cause extreme suffering for hours after contact with a foreign body of any kind may be entirely altered by the curette and the pain for the time at least alleviated.

The curette is used with the patient under a general anesthetic and preferably in the lithotomy posture. The lower bowel should be thoroughly flushed before the operation. Cleanliness in this operation is important, tending to minimize the probabilities of a severe reaction. The bowels should be free from fecal matter if possible. The patient may be in such a state that purgatives or enemata cause intense suffering or the bowels may be locked from the use of morphine. In such a case the preparation should be as careful as possible. The sphincter may require some stretching. This may be accomplished either with the fingers or a rectal speculum. The finger should be passed as high as possible into the bowel. Any obstruction should be broken down. The tract made by the finger should be followed by a small rectal speculum such as that of Sim's or Bodenhamer. This is dilated so as to secure a free passage. The scoop or curette is then used and masses of the malignant growth may be cleared away. Ulcerating, unhealthy surfaces should be treated similarly and then the bleeding surfaces within sight lightly touched with the cautery. The bleeding if at all severe should be controlled by a rectal plug. Plugging the rectum is simple. The plug should be made around a large drainage tube. It should be large enough to completely distend the bowel and may be of sterile gauze or of iodoform gauze. The tube is used as a core to the plug as it will permit the free escape of gases and fluids and minimize the discomfort felt by the patient. The plug may be removed in a few hours or may be retained for several days, just as the operator elects. The bowel lumen if strictured is freely restored in this operation.

The patient may recover from this operation and live in comparative comfort for some time but the practitioner should not forget that ultimately the suffering will again demand agents such as morphine or codeine. These patients should never be allowed to suffer greatly without the free use of agents which will prevent the feeling of pain. Mor-

phine is said to be the boon of the hopeless case of cancer, but it is incomparably less satisfactory than codeine where this latter agent is freely used and controls the pain. Codeine even in large doses has very little effect of an undesirable nature. It has little tendency to constipate, upset the stomach or disorder the entire system as does morphine. The case suffering from advanced malignant growth may be expected to get more satisfaction out of life on adequate doses of codeine than on any other drug. For these malignant cases the dose must be rapidly increased as tolerance is established. One grain tablets may be dispensed, giving them for their effect in increasing doses. The tendency to form a habit with codeine is very slight. I have used the drug freely in cases of tubal obstruction where operation was refused and have had the patients take the preparation over a period of a number of months and when the pain subsided find they had no more desire to use the drug. These patients of course were never allowed to suspect that they were taking a drug closely akin to morphine and were never given prescriptions so that refills were not possible. The doctor should never write prescriptions for any drugs where there is a possibility of the patient forming a habit. All such drugs should be dispensed by the physician and the patient should not be told as to the nature of the remedy used.

Non-malignant stricture may be treated by divulsion if within reach of the index finger. This method has been vigorously condemned by many surgeons yet it is efficient and more satisfactory than any other method. Dilatation with bougies of a stricture of the rectum is the most unsatisfactory form of treatment of this condition one can possibly use according to my experience. The dilatation is painful. Contraction is prompt and inevitable. The patient feels worse after each treatment than before. Ulceration almost invariably develops and if present at the initiation of the treatment is invariably aggravated. The dilatation is not a safe proceedure as the bougie may pass through the wall of the bowel and far into the peritoneal cavity and the operator not suspect the accident. In divulsing a rectal stricture the finger should always be used in making the preliminary passage through the stricture. Without force a small branched rectal speculum may then be passed along the course previously followed by the finger. The dilating of the speculum enlarges the passage. A large speculum may follow the smaller and the stricture freely divulsed. The rectum should be plugged from three to five days following this operation. A large tube should pass through the center of the plug to allow the free escape of gas and liquid contents. This operation only requires a few moments. General anesthesia need be but brief and not particularly profound. The anesthetist should be careful not to add chloroform to the mask immediately preceding the stretching of the sphincter as the patient almost invariably takes a deep inspiration at the time. A deep breath of air loaded with chloroform may be sufficient to paralyze the heart's action. The rectum when freely divulsed in the manner described may not become strictured in the healing process and should healing be completed without the contraction becoming marked the possibilities of the patient escaping future trouble from this score are good. The various methods of incising rectal stricture are less satisfactory than the method of breaking up the stricture described.

When I contemplate Nature in her splendid and unconscious life, that life which follows its appointed course without stumbling or hesitation, I notice everywhere an imperturbable security.—Chas. Wagner.

THE MISSING LINK FOUND

By Herman Gasser, M. D., Platteville, Wisconsin.

"Psychology," says Professor Ladd, "is the description and explanation of states of consciousness as such." Professor James says it is the best existing definition. The present general conception defines it as the study of "the human mind and facts of consciousness" that is not "a physiological result for then only material physics." This is a brief outline of psychology as it exists today around which the entire problem revolves and must be adjusted. These conclusions are the legitimate result of long trial and persistent investigation that can only be amended and reorganized by a system of evidence equally reliable without doing violence to the established truths that exist. Is valuable in proportion it makes all known truths clearer and more economical.

The first and most important question that comes up for solution and final answer is the fact of consciousness. Do we explain states and facts of consciousness? Or does our conscious being explain with system the endlessly related states of conscious facts by our life? While there is a system of relation between the two questions, nevertheless there is also an extreme of opposite factors in the equation that must be disentangled before it becomes possible to understand the true meaning of the terms in the economy of which there is still a hidden and higher factor that has yet to be found, must be so universally equal to a unit of one whole in which no part therein, no matter by what name it goes, however small or large is a shade more or less than truth. This is the law of truth.

While it is not strictly exact to say there is a law of truth, for truth can never be more or less, it would be more correct to say truth is the law of all the world. This after all equals the same thing only said in different ways from opposite points of view. Man learns by means of law the truth of the world's system of work until he has become acquainted with several laws of truth neither of which is a complete law, thus have varying shades of destruction that do not quite equal or become assimilated into one law of truth. What is truth?

There is not one thing in the world that is more or less than truth. The world is a truth; matter like mind is the same truth; conscience soul, feeling or life, is never more than truth. Indeed, it does not come within the limit of possibility for one man, past or present, to tell a shade of difference between the truth of life and matter, conscience and atom, other than a system of related truth. System is the law of truth, just as surely that truth is the law of system in which all parts end so one universal equal it is only a difference of related system of truth. It is the systems of truth today that have become specialized variations of extreme relations which end so negative and contradictory truths that will not amalgamate or unite equal to one truth, each is a law unto itself. The endless system of economy that can alone be welded and solved into a universal whole by a law of truth that will equal and unite all into one world truth of endless chain that does not drop a stitch in the system or miss a link of law in the immortal economy of living truth.

As each system of specialized truth that exists at present is so organized and established a habit of thought, it is not wonderful to learn that a law of truth which pretends to assume even unite and assimilate all known truths into one universal truth, is naturally not only looked on with suspicion, but turned away as impossible. It takes time for each specialized system of truth to learn how it becomes possible to build it up into a universal truth by unlearning the crude and wasteful structure of system and build wtih tim-

bers of law the mansion of universal truth. While we appreciate this sounds like a medley of meaningless platitudes nevertheless is the foundation of the whole problem.

Truth is the most simple thing in the world, it is also the most complex and wonderful light that exists, it fades out everywhere alike into immortality, knows no distance, is without time, size or space; it is as immortal in an atom as the universe itself. Indeed, if there was an atom of truth in the world that is not immortal, then immorality would not be the truth. What we call the millenium is only an ideal expression that swells up from the depths of our innermost feeling into the possibilities of real economy of truth. The cry that streams up everywhere from the higher emotions in the form of religion, justice, equity, ethics, morals, sympathy, humanity, rights of life, liberty, good and love, is the expression of a strangulated soul that man's social system has chained with personal selfishness and shackled with individual liberty.

To prevent misconceptions and confusion, it will conduce to clearness, if we will define the meaning of some general terms or words here used, and interchanged to illustrate the same idea, the differences between which are only shades to interpret the special relations our language has made us familiar with.

What do we mean by saying: Truth is all the world? Just what we say, and includes idea, life, mind, unity, soul, spirit, God, as interchangeable terms to express the same meaning in different ways, for all things are measured by truth. It matters little what terms are used, so long as we comprehend and understand the idea or thought intended to convey. Words are only symbols of truth, and why the word truth, is symbolic of the word's active, living, creative system of the world's work, for everything is measured by truth, why truth is the measure of all the world. We say, God is truth; what we mean is, God is the Soul, Spirit or Life of the world's living Truth. We know and measure all things in the world from the tiniest atom, all the way up to God, by the law of truth.

Our interest at present is mostly concentrated in the study of psychology and the term or word, mind, comes up for attention. Mind is the basis on which its entire structure is founded, and here purpose to supplement what has been said before. The term "mind" has caused more confusion than all others combined, is still clouded in nebulae and chaos. What do we mean by mind? Ultimately nothing more than that it is a vague and crude idea of the world's soul or life of truth, as distinct from the world's system of truth it calls matter. This difference of relation was a necessary and legitimate result by which to outline and define the real system of world economy, not knowing the law of truth that unites and organizes them with system into one living truth.

With this law of truth it becomes possible to outline a true and scientific system of psychology, that in reality is a general world physiology, a younger brother of philosophy. Truth, all the world, the only thing there is in the world, all things therein are related truth. Matter and mind is truth, life and force is truth, the world is a living system of truth that is the physiology of the world's truth of life. There is only one life, one world system of living truth that is the measure of its being. Man lives in and is a related life of all life, and the world's system of physiology is the law of truth. Hence true psychology is a special branch or department in the study of truth, it is the soul of physics called physics. To say psychics is not physics, equals, neither has a soul of truth in its composition. This is the "missing link" as large as the world is a dead, soulless and lifeless truth.

By mind we mean all the varied

states of feeling, its moods, sensations, emotions, volitions, and ideal states of consciousness. Mind is a general term in the study of psychology, just as force is a general term in the study of physics. The different organs of the body like the lungs, stomach, bones, brain, nerves, liver and kidneys, are alike physical and psychical parts of the same life are independent and related parts of the same general economy of truth. This is why mind or feeling corresponds with a certain state of physiological, or physical function. The unity of physical force is the unity of mind or psychical force, some of the later and more advanced psychologists call the "psycho-physic law" that means: A certain physiological state of the body, corresponds to a certain state of the mind. This equals two sides of the same law of world truth.

By system of conscious experience we have learned the world is a unity of force that equals to and becomes known in the unit of our life as a system of related unity of force by feeling. As there is only one world it is the unit composed of force that is the lawful system of its expression by which it becomes known in our unit of life so equal a unity we call it the conservation of energy. This means, man's life is a related unit that equals the world unit. He is an epitome of the world out of which created or evolved by system as an ultimate unit of life that is the end and beginning of all existence.

To say mind or conscious feeling of life has nothing in common with the "physiological result, for then only material physics," means to say, mind is nothing like life, that is only a physiological result of material physics made by the dead matter of truth that results in "mind" that is nothing like the truth by which made. This ends so a complete system of logical annihilation of all known common-sense experience boiled down by cultured sound of systemic reason that man alone has a monopoly in proportion skilled by higher education to sustain this immaculate fortification of security so all annihilation we ask pardon for suggesting the question that still seems to puzzle it, by asking: How does the "mind" find the resource of means to come back into the world of dead system of truth by educated sound? Why does it continue to breathe, eat and drink dead matter of truth to sustain annihilation? Just how does the dead matter of truth become translated to the ideal mind of all nothing? Is it any wonder why Descartes located it in the pineal gland in which it had so much room to spare, not one has yet been able to hear the slightest echo no matter how enlarged and unfolded with world proportion of related truth?

To say "mind is not the truth of matter," "physics not psychics," equals to say there are two truths, two systems, two laws, clearly distinct from each other, but being short of one world ends in "logical" annihilation. Mind not the truth of matter is so an immaterial soul, to complete its philosophy burns up the matter of world truth to be sure wipe out the evidence, and is a destructive economy. Matter all, is the opposite extreme, begins dead and ends dead matter. As the world will not burn or law and system perish, soul of truth continue on in the same unerring way, it is more than the probability of a guess that both will eventually resolve to conserve their extremely wasteful and destructive system of economy.

The physical or scientific equation may be here formulated. The world is a system of work with its conservation of energy as an interdependent and related unity of law and order, the reality or truth of which becomes unfolded or known to us in our life. It demonstrates the physical system is our idea; indeed our idea is the physical world system, the reaction is complete; matter ends in mind, and mind finds

its source in matter; but completely fails to unfold the relation in this equation with system. It builds the world's work with system into our idea of the world, but fails to give us any system by which to unfold our idea of the world's work. If the physical system of force works up to our idea, then by the same physical system our idea must work down, for action and reaction is equal and opposite. This is the unknown factor in the world of science, the missing link in the equation, in proportion man's mind knows it is not anything like the truth of life or matter that has no soul.

Practically the entire system of man's social economy ruled and controlled by this standard of measure. Even science is swamped and engulfed so deep in its meshes, it becomes lost in such extreme relations of mind and matter, no longer strives to or pays any attention to explain and amalgamate the terms, but concentrates all its efforts to follow truth no matter where it leads. Although it has not the first rudiments by which it becomes possible to translate the matter of dead world truth into the living truth of man's life, still feels sure it somehow equals the same system of lawful truth it knows, even if it ends in extremes of dead world and man's living truth as distance apart. To this extent science is truly scientific, for it really is ruled by the light of truth as end of effort.

In a late work of philosophy we find the statement: "No one doubts that he truly feels all these sensations, and that he himself and his thoughts are apart (or separate) from the things without him. In other words, the ego and the non-ego, the me and the not-me, is one truth upon which all without exception agree. . . . It is the universal testimony of mankind." This is a general illustration of the present state of philosophy and its younger brother, psychology.

Ignorance is often fooled, but this is a cultured system of ignorance that is always fooled, violates every principle of living experience, and the worst kind of tom-foolery. As this is only a different way of stating, "mind is not matter," a further analysis is a waste of time. If we transpose the term mind to ego, and matter to non-ego, reviewed a moment ago, alike reveals how stupid it is. The world without a non-ego, a not-me; then the ego or me is the world in our mind. This is ego so egotistic it has gone mad, for carried to an ultimate analysis, would prove man does not live and the world does not exist.

Philosophy being a little more cultured, translates "brutal matter" to non-ego, the more you know of it, the less you know of truth, although "it is one truth upon which all men agree." As Paul of Tarsus said: "Ever learning, and never able to come to the knowledge of truth." This philosophy means, man's mind or ego, being distinct and separate, "apart from the things without," the world can only be unfolded, revealed and found in mind, me, ego, all which means to find self and lose the world.

The world don't need finding or help unfolding, it has been on deck for sometime, so far was never lost or made a mistake, is not guilty of failure, and still doing business at the old stand; gradually worked its way up to man as a related part of its system of economy. The province and purpose of man should be to try and find what the world is, learn how best he can live a true, economical and natural relation therein, win the way of its truth, live and follow after its art, rise higher and higher towards the immortal light of its life, that is the soul of world truth.

Having floundered in these miasmatic, scum-covered, stagnant sloughs or idols of philosophy and psychology for a long time, no sacrifice is too great, that will prevent others from straying and becoming swamped in this wilderness.

The problem has naturally ended as distance apart between "mind and matter" that has become such an extreme system of logical self-annihilation it eats itself up so completely, destroys the real meaning of both. It has polluted the entire system of education and permeates throughout man's social economy as an organized wrong. Mind and matter has become generally conceived and interpreted by life and death as opposite extremes. This idea has been worked up from two opposite foundations into a system of philosophy that has ended so an entangled medley of confusion, it leaves all stranded in a veritable Sahara in which no one knows the direction to turn and ends in a contention of charge and counter-charge to incriminate each other as more guilty for being in this shoreless and compassless wilderness that has become so cultured, even say the lower animals have no soul. Life is not the soul of truth, you can live without a soul, in proportion you are an educated mind that is nothing like the truth of dead matter.

This has become the battlefield of contention between the opposite armies of mind and matter both of which have lost their soul of truth that looks so much like a monkey, call it the "missing link," for personifies and equals the truth of mind and matter—plus a soul—that the truth of practical experience demonstrates there is not power enough in the world to rob the living soul of a monkey. This is why it has ended in a complete and absolute failure. The armies are more distant apart than ever. The final test is soul, and truth is its lawful system of expression that equals the same truth in all its parts, but it takes the whole of world truth to equal the one unity of world force that is the soul of one life that rules and guides the world as one living soul of truth. It is an interesting story that sounds stranger than fiction, how man innocently layed the first primitive wrong foundation to lose his soul in the early dawn of unfolding intelligence that has developed and become organized as time rolled on until it ended so lost in the depths of his social system trailed by a stream of sin and crime as the legitimate product of his lost soul that looks like hell and is ruled by the devil who lost his soul and formed the kingdom of man's social system after his art, that can only be redeemed by the soul of world truth and become something near like a natural being that has no hell or devil in its composition. This is the soul of truth.

The most simple truth that exists is the truth. The world is a living soul in the economy of which there is not a dropped stitch or missing link in the endless chain of evidence. Indeed, it could not be an immortal system of lawful truth if it was not ruled and guided by a unity of force as one power of soul to which its life is limited, for it cannot be more than a life. All look with suspicion and carefully leave this simple truth alone, not one even openly says is worthy of attention. This is especially true in psychology and the higher education that has so completely lost the soul of truth in proportion the world is a dead, soulless and lifeless system of lawful matter. So long as life is an organized system of lawful expression that equals to and responds alike everywhere, throbs and vibrates in unison as one world truth, it remains a related part of the world equation that must be recognized and comes up for solution. Science has so lost the soul of truth for the sake of learning more about the dead system of truth, it has become stranded before the unity of force or truth, even strives to make a distinction between matter and force. Still underneath the endless webb of organized instinct the light of ideal soul shines through the super-imposed structure of man's intelligence and prevents him from becoming completely stranded in reason, thus is always basic-

ally grounded in the feeling that somehow makes him feel sure there is an intimate system of relation between truth everywhere. Even calls it a conservation of energy that blends the whole system of truth into one union of truth, soul or life. Life is the Father, Truth the Son, Soul the Holy Ghost of all Power.

In a late address by Professor George H. Darwin before the British Association, he said: "The mystery of life remains as impenetrable as ever. The time needed for a change of type in atoms or molecules is measured by the million th of a second, while in the history of the stars continuous changes occupy millions of years. Notwithstanding this gigantic contrast in speed, the process involved seems to be essentially the same. The study of stability and instability, then, furnished the problems which the physicist and biologist alike attempted to solve."

This all equals the same truth we here endeavor to illustrate and demonstrate, it is only a transposition of terms measured from opposite points of view. Life is the most simple truth in the world, is only a mystery in proportion the universe is a dead and not a living truth. If we have violated an established scientific truth in the system by which means finally ended in these extreme, strange, new and unusual conclusions, the truths of which we had not the slightest suspicion or remotest conception to exist, naturally tested them with great care before accepting them to be true. They have grown more and more real, stage after stage of development of intimate acquaintance, until now no longer have a ray of doubt or tremor of fear to be the real truth of the world. It is easier, very much easier, to demonstrate the world is a Living Soul of Truth, than for all mankind to prove it is a lifeless and soulless truth of dead matter and force. This clearly outlines and defines the distance apart between these two extreme and opposite truths that end so all one equal truth of one universal whole truth, it is only a difference between two truths. One the man made truth, the other all world truth that makes man a related soul of living truth therein. This is the missing link in the image of man's mind.

"A New Theory of the Universe" has just been announced that will destroy the nebular hypothesis of La Place and supplant. The nebular hypothesis has endured the critical trial in the mill of time for more than a century and still survives, cannot be destroyed, for it really is the first light of the nebular hypothesis of soul truth. All efforts that try to supplant it, no matter how crude and incomplete it may be, must end in failure. When one can find an atom of truth in the world's lawful system that does not equal the same truth up to the very highth of life, then there is no missing link. A theory of the world would not even be possible, for the soul of truth does not even exist on which found a theory, man's system of life does not throb alike everywhere as one law without a missing link in the endless chain of truth that becomes known in his life, by which he can again trace the system back by way of law into the truth of the world that always ends equal to his own life that he knows is true for there is no greater truth in the world than life that is the soul of all truth, and limit of knowledge.

Man becomes so overwhelmed by the magnitude of the world's system of truth he naturally came to the conclusion it could not create or evolve his life that knows all the system of truth. This caused a division into two separate truths that has ended in the endless variations of expression between two opposite kingdoms of truth—matter and mind—in the economy of which everything alike has become clouded with the same impenetrable mystery of world truth that is as great

in matter as life. The mystery of life is the mystery of truth that equals and is alike the same mystery everywhere. Here, like throughout all the world's system of economy, action and reaction always ends equal and opposite. The mind that thinks it knows beyond doubt all about the truth of matter, is proportionately a distinct and opposite mind that is nothing near like anything true. This equals the equation of the world's mystery in the economy of which there is still a system of relation that offers a means to disentangle and resolve the mystery of world truth by the system of mysterious truths as a related differences of mystery.

The reaction between these two extreme truths neither of which is wholly true, must end in a product of destructive economy in proportion of opposite expression. The result between the conflict of two truths has ended so extreme in distance apart it is the missing link that man has honestly generalized as heaven and hell, God and devil. He also illustrated the difference between these extreme truths in the parable of two contending souls. One in the form of man's image that was turned out of the kingdom of heaven or soul of all truth as a lost soul to live and work among men. This is so a good looking composite picture of man's social system permeated with an organized system of wrongs throughout that no one could be all guilty. Thus to distinguish and recognize the general power of man's lost soul of truth that became known as the "missing link" in his mind he personified it with a forked tail and cloven hoof in form of the devil.

All equals physical economy, not one thing escapes the system of its law that is ruled and guided by the power of world soul called unity of force. When the system of its economy becomes highly organized into a complex unity of being like in man's life in which the endless forces of reaction are in constant flux of adjustment, the general state of which we know as feeling that is the soul of world physics in a miniature form, and pain the keenest sting of warning that continuously appeals from everywhere for equilibration to maintain by work somewhere near equal to the soul of all work. This law holds equally true in chemistry and physics, it is only a difference of relation. No part of the system is the soul —soul is the whole power that acts and reacts equal and opposite everywhere alike with same system from atom to life as one truth. Science is the system of lawful truth that equals the soul of religion. Religion is the soul of truth that equals science. One says the system of truth is not soul. The other contends soul is more than all system of truth. Both end so equal from opposite directions, choice becomes difficult.

To say the system of truth has no soul, and soul is more than the system of truth, alike bankrupts both. Still neither will admit to be less than the truth, but each agrees, truth has no soul. If action and reaction always end equal and opposite, this must be true. Let us cast these two ultimate factors into the retort of the world equation and see what the reaction of final product equals. As two ultimates cannot exist, a reaction is no longer within the range of possibility. It becomes shrouded in chemistry and physics, system of relation no longer exists. The terms end equal in one world truth. Soul and truth can never be more or less. We have reached the limit of systematic knowledge. Still there is a difference between them and not all limited, it only needs another ultimate factor that will blend the two ultimates into one world ultimate. Unity of force is the world's ultimate power that demonstrates with endles system of law by same evidence of ultimates, truth is the law of ultimate world power that rules all the world without end as one immortal life.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession Short articles on questions of interest to the profession.

RHUS TOXICODENDRON POISONING

Experimentia Decet is very true. I always feel that I knew a little more about diseases after I have had them. After I have had them twice I know a a good deal more about them than I did before. Having had la grippe a dozen times I ought to write on that but that is going out of fashion and I wrote on that subject a dozen years ago. I well remember when the coal tar products first came into general use I was taking a dose to be repeated frequently for a temperature of 104°. The fever soon vanished and the powders began to depress me very much. I got to that stage where I felt that another powder if taken as directed would finish me. I stopped and rallied. I can feel that sensation yet. It fixed in my mind more plainly the use and abuse of the coal tar products than any amount of reading or lecturing. It has doubtless saved me some of my patients since then.

In 1897 while at the big trees of Santa Cruz, California, I contracted rhus toxicodendron poisoning. It came out on me beautifully in San Francisco. I suffered misery while going through the hot Sacramento valley. I found my first relief bathing in the water of the Soda Springs at Mt. Shasta. At Portland I procured a bottle of carbolic acid and used a 2 per cent solution with more relief. My only complete relief was obtained from a plunge and a swim in the hot lake at Mammoth Hot Springs, Yellowstone Park. The water here was very warm and impregnated with silicate of magnesia. Relief was permanent. This case is noteworthy principally for the novelty and variety of its treatment.

In September last I was called one night to a suburb of Cincinnati by the name of Sedamsville, very appropriate name if accented on the second syllable. Returning through a yard in the night I ran into a fine specimen of the rhus diversiloba catching hold of it with my hand. The next morning the eruption appeared and the second morning both my eyes were swollen shut, and over the greater part of my body, in fact every where my hands had touched me in the agony of itching during the night were the little double blisters burning like fire. I had no rest except under drugs for a week and not much for three weeks. The relentless burning and itching put me as near the crazy line as I hope to get. Every where I touched myself with my hands the disease was spread or aggravated. Weak carbolic lotions gave but temporary relief as did also carbolic salve. Solutions of borax gave but brief comfort. Lotio plumbi et opii gave more relief than anything used so far. The parts were wrapped with cloths or bandages saturated with the lotion. The objection to this was that it gave me a severe cold. Powdering the whole body with rice powder gave relief for two or three hours, and probably acted the best of anything mentioned thus far. Solut. sat. alumini et plumbi acetat. (Burrow's solution) a tablespoonful in a pint of water and use as lotion gave fair relief. In my frantic efforts to get the poison off my hands I found that a thick lather of soap gave temporary comfort and the more ordinary the soap the more extraordinary the relief. Alcohol gave relief but the usual strength caused too much burning of the skin. I

found the following the most successful in relieving the burning and itching and stopping the spread of the disease:

℞ Alcohol 53.00, aquae destillatae 47.00, plumbi acetatis q. s. et fiat solut. sat. Apply.

Pfaff discovered toxicodendrol, the poisonous substance, an alcohol soluble fat resembling croton oil. Alkalies seem to some extent to saponify the fat and to that degree destroy its activity. Were I exposed to the poison again I would as soon as possible wash my hands repeatedly in the alcohol dilutum of the U. S. P. to remove the poison. If I reached to the alcohol within an hour or two I think the spread of the disease would be stopped. I would then apply on any part where the vesicles appeared the saturate solution of lead acetate in the dilute alcohol previously mentioned.

Other remedies mentioned by the authorities are sat. sol. sod. bicarb., liq. sodae chlorinate known as Labarraques sol. to be applied in one-half strength on clothes, sodium hyposulphite, 12.5 per cent, liq. plumbi subacetatis 25 per cent phenol 1, 2, 3, 5 per cent in water, vaseline, phenol 1 to 5 per cent in the officinal linimentum calcis. Fluid extractum grindelia robusta 10.00 to 500.00 makes a good lotion. Aristol in powder or 7 per cent ointment.

Legal measures should be taken to prevent this trouble by the eradication of the plants, especially in thickly settled communities. Immune persons, of whom there are many, should be employed to destroy the plants. This can be done mechanically by up-rooting. Better by the application of sulphuric acid 2cc to the stems every two or three weeks till the plant is dead. The brush should not be left on the ground nor the wood used as fuel for the poison is found in the wood long after dead and also in the smoke. It is possible to transfer the poison by the clothes or towels of persons affected or handling the plants. People who are immune should wash with alcohol to avoid carrying it to others.

A very distressing part of the disease in my case was the nervous symptoms. I had neurasthenia, nervous prostration and nervous "potteration" all in one. I was in bed a week then as usual with doctors dragged myself out to work before able. For a couple of weeks seeing one patient would often put me to bed exhausted. Making out a bill would do the same thing. I would go to sleep on the street car from sheer exhaustion going to see a patient. I could hardly write my name or think. I found great relief in tumbling into bed after every effort and became quite expert at it. I found relief from 2.00 doses of bromide of sodium three to six times a day, adding Fowler's solution 2 gtt. to each dose to prevent acne bromata. The greater part of my epidermis exfoliated and the new skin, especially on the ears, was for some weeks very tender and sensitive, itching on the slightest provocation though nothing was visible to cause the itching. Flannel or woolen garments set me wild.

Rhus toxicodendron is known as poison ivy or poison oak. Poison ivy has but three leaflets. Virginia creeper and American ivy have five. There are from 30 to 60 varieties of poisonous plants in America but there is no general rule by which all can be recognized. The general characteristics which frequently though not always accompany poisonous plants are the peculiar lurid purple color seen upon the stems of the castor oil, conium, cicula, joluberry and dogbane. A narcotic odor is common to many but wanting in others. An acrid taste is probably the most common and best safeguard we possess. Milky juiced plants should be regarded with suspicion. Rhus radicans has been termed the poison ivy and rhus diversiloba poison oak. Latter is differentiat-

ed from former by having acuminate leaflets. There is considerable difference of opinion among botanists as to whether or not Linne's rhus toxicodendron is identical with his rhus radicans.

I claimed and obtained accident insurance. Surely I did not run into that bush designedly.

Rhus toxicodendron has been dropped in the new 1905 edition of the U. S. Pharmacopoeia.

E. S. McKee, M. D.
Cincinnati, Ohio.

FLIES AND MOSQUITOES

Without doubt the health and happiness of the human race is discounted to a greater degree by the fly, flea and mosquito than by any three animate causes.

The wolf, the rattler and the wild man have been nearly eliminated before the onward march of mechanical and mercantile man but the pests of the insect world work a graft upon the human race making themselves as it were of the family. He who discovers a means of wiping out the insect pests that beset the trail of man will confer a boon that will at one stroke check half or more of the afflictions of the human family.

The ways of doing this are: 1st, to make some insect poison so attractive to flies, fleas, mosquitoes etc., that they will seek it and eat of it to fatal effect; 2nd, to train some small creature like a bat, darning needle, etc., that will be to insects what the cat is to the mouse.

Almost any kind of a living thing can be bred if some worker like Luther Burbank, will undertake with animal life what he has so successfully accomplished in the plant world. It may be quite easy of accomplishment to tame bats to the task of driving flies from houses or hunting out their breeding places and even destroying them. The darning needle or dragon fly might be taught to perform similar tasks.

Man has educated the dog to act at his command and he did this while he himself was in little better than a wild state. More, much more, could be done today in training birds, bats and insects as destroyers of pests if the task were undertaken in earnest.

Wherever irrigation systems are established the conditions are rendered more favorable if anything for the mosquito, thus irrigated districts are usually malarial. In nearly every irrigated region there is a swamp of overflow or stagnant water and in these swamps the mosquitoes at evening throng around one until the very air is vocal and vibrant with their life. In these same swamps I have known the range cattle to die by the hundreds in the heat of August. All this from bad water, the natives will tell you. Perhaps, but the water, the flies and mosquitoes are all of one mixup that at once you can smell and feel or your horse may throw himself to the ground in his frantic battle with the flies. Day after day the cattle must keep up their continuous fight with insects and so when they lay down and die perhaps it is the water and perhaps the insects that kill them. To make irrigation a perfect system, waste water and overflow must be looked after and not allowed to make nests leagues upon leagues in extent to breed spiteful forms of winged articulata.

It is our business as physicians to write a few words under the caption "℞", but there are vast problems that require the consideration at once of the engineer, the naturalist and the physician in the interest of the millions.

Drain your swamps will be the safe advice of some. Yes, irrigate Death Valley and then drain that! The West is full of basins where the only way for pest water to escape is cloudward or groundward or the pitch of the land is so very gradual that vegetation will

block the insignificant flow when it is most required in the "Good Old Summer Time." Then alkali may render miles of this overflow land valueless except for grazing, so even if it could be drained, its drainage would not pay and here the mosquito can thrive unmolested. The invasion of one disease oftimes opens the road for another. Cattle grazed in putrid mosquito thronged malarial bottom lands are unhealthy enough as their death rate proves. Is the rare, thick steak furnished to the consumer sterilized through? Like myself many of us prepare our steaks almost raw. I very much doubt if the central portions of these have been warmed to the temperature of 150° F. for two minutes. On the other hand shall we advise that the steak be rendered less digestible by thorough cooking? The horticultural task of causing useful plants to grow in damp alkali bottoms does not look like an impossibility. Here the tule will thrive to the height of eight feet of the rankest vegetation. The fact that these plants annually are where they grow, useless to man and animal, does much to render the place of their growth unhealthy and putrid. The tule should be studied and the secret of its thrift in spite of alkali discovered then some day a useful crop may take the place of alkali, tule, horse flies and mosquitoes..

"Tule" is the Spanish name for a rush or sedge, scirpus validus, in other words it is a large bullrush as useless as it is abundant in certain localities. In its thickets the mud hen, an absolutely useless bipid, builds her nest. It is amusing to observe how the young nimrod fresh from town comes in after a wearisome day's hunt loaded down with the useless corpses of these birds of the bullrush, the so-called gallinule, related to the coot and rale. When the swamps of earth are cleaned, when life that is not useful is exterminated, man will begin to make life fully worth living. To bring about hygienic conditions is the great end in view of all this human struggle for better things. It is somewhere between fifty and two hundred million years that life has been evolving upon this planet. After all these years of struggle man will not for many hundreds of years to come be rendered uncomfortable by flies, mosquitoes and the like. For centuries he has been, though working in the dark, progressing. Within the last few decades he has learned "his place in nature." He has learned that in the universe around conditions have seldom been such that life upon a planet could evolve for 50,000,000 years. And so being himself a rare creature among the myriad stars he must make the most of this earthy foothold in the universe and better himself by the one and only road before him, namely, of rendering the world aseptic as far as he is concerned. Mankind will in time exterminate noxious insects as they have already in most civilized localities banished poisonous reptiles and man destroying animals.

Civilization is bound to extend even to the animal lives of earth. The laws of progress are cumulative and the achievements of every coming century will for a long time more than rival those of all the centuries that have gone before.

C. E. Boynton, B. S., M. D.
Millville, Cal.

The articles on the X-ray by Dr. G. G. Burdick, will be continued through 1906. These articles have excited much interest and comment but the articles to be published during the next year will be the best of the series. Dr. Burdick is showing that there is yet much to learn about the X-ray and there are great possibilities of future work. The articles will be freely illustrated with photographs made especially for the series.

RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

DEATH FROM SCOPOLAMINE.

In the Lancet-Clinic of Nov. 18, Dr. J. C. Sexton reports a case of death from injection of 1-100 grain of scopolamine hydrobromate with 1-6 grain of morphine sulphate. The patient, a woman forty-seven years of age, had had uterine hemorrhages for five years, caused by a fibroid. She was anemic, poorly nourished, pulse rate 100, a weak heart, with vertigo and other symptoms of cerebral anemia. On account of sleeplessness two doses of trional had been given. She was nervous and much afraid of the anesthetic. Fifteen minutes after the hypodermatic administration of the scopolamine-morphine she became comatose and death occurred in somewhat less than two hours.

As twelve other deaths have been ascribed to scopolamine, it must be inferred that it is not so absolutely harmless as the first reports claimed for it. It is a narcotic, belonging to the hyoscine group and undoubtedly participating in the dangerous character of the family. The fatal dose of it is unknown. A very necessary precaution in its use is that the solution must be made freshly, as it is unstable and not absolutely uniform in its composition. In weak, anemic patients with feeble heart's action scopolamine should be administered with extreme caution. Its usefulness, however, promises to be great. Ries, for instance, has used it in breast amputations, amputations of thigh, hysterectomy, for carcinoma, thyroidectomy, abdominal hysterectomy and prostatectomy.

MEDICAL RECIPROCITY.

Medical reciprocity is a subject pretty well thrashed out by the periodical medical literature of recent years. The need of it is pretty generally admitted and various methods of bringing it about have been proposed and are under trial. It is with some surprise, therefore, that one reads the following editorial utterance in the Medical Sentinel, published at Portland, Ore.: "The argument that the state (Idaho) would be flooded with eastern physicians, if they had no examination to pass, is one that appeals very strongly to the doctors who are now practicing in the state. So it is not at all likely that any state on the coast will for a long time to come favor any such general reciprocal legislation." And speaking of the proposed federal board "that would not be exactly satisfactory to the western physician who is not desirous of having his territory flooded with men who are following Greely's advice to go west."

Every medical law in every state has been obtained to furnish protection to the people from the medical pretender, not to protect the doctors of the state against outside competition. That would have been class legislation of the rankest kind and would never have passed. But the, mostly self-constituted, authorities charged with the execution of these laws have in nearly every instance used them as a club for the purpose of keeping away outsiders. The dog-in-the-manger spirit has been especially noticeable and offensive in the Pacific coast states. It has repeatedly cropped out in actions by the California board, but has never before been pronounced in such bare-faced manner. Apparently they mean to use their state medical laws as they use the Chinese exclusion act which they have forced onto the federal statutes. In the middle west they tried another way of hinder-

ing reciprocity, they charge a fee of $150. A gentleman, who has been a member of one of the best reputed boards for a number of years, told the writer not long ago that he considered such a fee extortionate and really did not blame those who howled "graft."

But never mind. Even if such keen workers as Henry Waldo Coe, the editor of the Sentinel, throw their influence agianst medical reciprocity, it is here to stay, because it is just, and even the exclusive coast states will have to yield to it. If doctors are too numerous out there, they are nearly everywhere. The remedy does not lie in an abuse of laws.

EVIDENCE.

Trials in court demonstrate almost daily how difficult it is to obtain reliable testimony about certain conditions or occurences. Persons of equal intelligence and undoubted truthfulness, who happened to witness the same event, will, if called upon to testify in court, give descriptions of that event so widely differing in essentials as to be entirely incompatible and often directly contradictory, differences in attention, observation and memory. Dr. Stern of the University of Breslau, has made some interesting tests bearing on the matter. He examined twenty-five students in reference to a locality, a lecture room in which all had been assembled eight days before and asked the questions regarding the number of windows, whether they were barred, the arrangement of the entrance door, whether there was any other door, the number of seats, &c. In the answers every fifth statement was found to be inaccurate, even under oath the accuracy varying between 44 and 100 per cent. The law students were most inaccurate of all, their percentage of faults being 27, that of others 18, while under oath their errors were 10 per cent and those of others only 8. The second examination was in reference to an event and the answers were even less reliable, one-fourth of the statements being wrong.

AVE, CESAR! MORITURI TE SALUTANT.

The salute of the Roman gladiators, as filing into the arena they passed before the imperial box. Involuntarily one is reminded of it, the savagery of the gladiatorial contests, as described by ancient and modern historians, the slaughter of human lives for the delectation of a brutalized populace, when one reads the accounts of our great football games. This description: "Flitting figures and the piling up of the awful scrimmages, the pottering over the injured, the sponging of blood and mud from the faces of the players. He (the president) had seen players writhing on the ground as though in the agonies of death, he had seen them lying prone and senseless, with eyes staring skyward, devoid of reason. Arms were wrenched, necks twisted, breath knocked from bodies, heels planted on necks and faces and at least eleven players disabled," might, except for its slovenly diction, belong to one of the historians, but it is taken from the report of the recent football game between the army and the navy in the Chicago Record-Herald. Will posterity judge our football games as we judge the gladiatorial fights as manifestations of a depraved national taste?

The friends of genuine athletic sports have contended for some time that the present game of football fails to supply for the many the needed physical exercise, except perhaps that of the lungs in yelling. It has brought mere brutal strength into undue prominence in our educational institutions and according to recent revelations the commercialism engendered by it has led to disgraceful practices, familiar on the race track and in other professional sports. The game is said to be far more brutal than an ordinary prize fight. The spirit of

(Continued on page 472.)

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Original Articles are solicited from our readers. We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 8 DECEMBER, 1905 No. 12

LITTLE STORIES FROM LIFE

VII.

"Misery loves company." We hear this old adage repeated every day with the idea that one in trouble likes to see another in trouble also. But there is another meaning to this old saying and it is often used with this better meaning. Many an individual in trouble loves the company of another in trouble in order to extend sympathy and help only as one who has suffered can. Suffering often brings out the brotherhood of man as nothing else does.

A little boy was operated on for a serious trouble and as he lay in his bed, patiently awaiting the healing of his wound, he heard his father read in the paper of a similar operation being performed upon a noted woman. As soon as he was able he wrote a little letter to this woman. To please him, his father mailed the letter, little expecting that it would be noticed by the celebrated woman. However, the lady promptly acknowledged the receipt of his letter and although unable to write yet, she dictated a beautiful letter in reply. Thus, suffering often brings hearts close together and brings out some of the noblest attributes of human character.

EDITORIAL NOTES

The illustrations will be an important feature of The Recorder next year.

May 1906 be the happiest and most prosperous year of your life is the wish of The Recorder to each reader.

The Recorder has a host of friends who have renewed their subscriptions year after year ever since it was established.

A goodly number of our subscribers have written us recently saying that the articles by Dr. C. C. Miller and Dr. G. G. Burdick were a regular post-graduate course.

Dr. C. C. Miller will continue his series of articles on Practical Surgery through 1906. The articles will be illustrated with photographs and drawings made especially for The Recorder.

We have some copies of all of the issues of The Recorder for this year. If any of our subscribers lack any numbers we shall be pleased to supply them free of charge while the supply lasts.

This number completes volume eight of this magazine. The first number of The Recorder was issued in January, 1898, with the intention of publishing it as a local magazine. The original

character of the magazine was such that it soon outgrew its local character and became a general magazine for physicians. We now have subscribers in every state and territory of the union and in many foreign countries. The Recorder is different from the other medical magazines and this has made it grow.

Governor Folk, of Missouri, was recently asked by a publishing house to give them a definition of "Grafter" for use in a new edition of a dictionary. His definition is:

GRAFTER, n—One who preys on the people, either against the law or under the law. The boodler sells his official vote, or buys official acts, contrary to the law. He is a grafter; but a grafter is not necessarily a boodler. Grafting may or may not be unlawful. It is either a special privilege exercised contrary to law or one the law itself may give.

RUNDSCHAU

(Continued from page 470.)

it has passed downward from colleges and universities to high schools and even the boys in the lower grades. The coward and the bully find a chance in it for taking revenges. Even the girls and young women have become tainted by it. The newspaper reporter tells of "women jumping on their chairs and howling at the sight of the carnage," as he significantly calls it. Just as they did in ancient Rome.

But it seems to have gone far enough and a revolt is under way. What is needed is a game in which many can take part without risk of limb and life, which requires no prolonged, rigid and special training at the expense of the studies, but which provides an opportunity to all students to find the physical outdoor exercise necessary as a correlative of continued mental exertion.

The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

JUSTICE. By Charles Wagner, Author of "The Simple Life." Translated From the French by Mary Louise Hendel. Pages, 227. Silk Cloth, Gilt Top. Price, $1.00. McClure, Phillips and Co., 44 East 23d St., New York City.

This is the latest book of Charles Wagner, whose books have struck a popular chord and are having an immense sale. President Roosevelt said

CHARLES WAGNER

to Charles Wagner: "I preach your books to my countrymen." Wagner is a French preacher whose practical sermons have drawn to him a large following. His first book, "The Simple Life," immediately met with a large sale and opened the way for his other books which have all had a hearty reception. His other works are: "The Better Way," "By the Fireside," "Way-

side Talks," "On Life's Threshold," "My Appeal to America," "The Gospel of Life."

"Justice" is a collection of essays of general interest, which simply, sincerely and energetically express some of this modern philosopher's teachings. In the introduction of the volume he deprocates the modern tendency to strife and unfairness and his wish is that his book will help abate it. The book contains eight essays, written in the kindly, inspiring style of his other works. The subjects are: "Voluntary Service," "Birth to Righteousness," "Mine and Thine," "Science and Faith," "Love of Country," "The Churches," "Society and the Individual," "Religious Conception of Work." In his essay on work he brings in a number of interesting biographical references and shows that there is a pleasure in work which in any way benefits others. In 'Love of Country," he extolls patriotism and regrets the need of armies and wars. In the sign of the red cross he sees the emblem of the spirit which will do away with war in time. He says: "This thing will kill the other. Yes, the sentiment which leads you to run to each other's aid, even under a rain of balls, will some day be stronger than all the reasons put together that draw you into this inhuman warfare. The red cross will triumph over the cannon."

THE PANG-YANGER. By Elma A. Travis, M. D. Pages, 336. Cloth. Price, $1.50. McClure, Phillips & Co., 44 East Twenty-third Street, New York City.

A little wholesome fiction occasionally is as necessary a diversion from heavy reading, as a vacation for a busy man. The physician's work and reading are necessarily largely of a serious character and some mental relaxation once in awhile does him good and enables him to resume his work with renewed vigor. Fiction written by a physician especially appeals to the medical profession. The physician sees a side of life unknown to others and often knows the secrets of souls which are hidden to everyone else. This intimate knowledge of human character, which the physician has, is apparent in The Pang-Yanger.

The book tells the story of Abijah Bead, the Pang-Yanger, from boyhood to successful manhood. The scene of the story is rural New York and the characters are true to life. Before departing for the west to seek his fortune Abijah Bead secretly marries a young woman, who deserts him to marry a man of more means, after giving birth to a son in a maternity home in New York City, where she abandons her babe. Several years later Abijah appears in the home village with his son, to punish his faithless wife by bringing her son to grow up in the community where she is best known, that his startling resemblance may be a punishment to her. His purpose is set aside by his love for a southern girl, whose pure and unselfish character wins his love and his confidence. In the west Abijah Bead, the Pang-Yanger, had struck it rich and returned to his old home with vast wealth. One of the strong characters of the book is Dr. Pomfret, a typical, whole-souled, capable country doctor. The Pang-Yanger is a rugged, vigorous, manly fellow and his comments on men and things add interest and a peculiar humor to the book.

DIABETES MELLITUS, ITS PATHOLOGICAL CHEMISTRY AND TREATMENT, Being Part VII of Clinical Treatises on the Pathology and Therapy of Disorders of Nutrition, by Professor Dr. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort, a. M. Authorized American Translation. Edited by Boardman Reed, M. D., Physician to Samaritan

Hospital, Philadelphia, etc. Pages, 211. Cloth. Price, $1.50. E. B. Treat and Co., 241-243 West 23d St., New York City.

This series of books is entirely different from anything before published and we have been glad to make favorable mention of each volume as it appears. This volume is made up from lectures delivered in the University and Bellevue Hospital Medical College. The lectures could only be heard by a few physicians but the publication of this book gives them to the medical world. Prof. von Noorden, with his immense experience and original investigation, is especially qualified to acquaint us with the latest discoveries and conclusions concerning the origin, complications and dangers of diabetes, as well as to tell us the most successful methods of avoiding and combating them, and of curing the disease when a cure is possible.

The subject is considered under the following heads: Definition; Pathogenesis of Glycosuria; The Acetone-Bodies; Other Changes in Metabolism in Diabetes; General Course and Prognosis of Diabetes; The Treatment of Diabetes. In giving the treatment, drugs, muscular activity, treatment in health resorts and in public and private institutions, and regulations of diet, are all presented. The appendix of the book contains some valuable food tables.

Mechanical Vibration and Its Application to Therapeutics. By M. L. H. Arnold Snow, M. D., Professor of Mechanical Vibration Therapy in the New York School of Physical Therapeutics, Associate Editor of the Journal of Advanced Therapeutics, Late Assistant in Electro-Therapeutics at the New York Post-Graduate Medical School. Pages, 297. Illustrated. Cloth. Price, $2.50. Scientific Authors' Publishing Co., 465 Lexington Ave., New York City.

Mechanical vibration is a therapeutic measure which is being used extensively by the profession with gratifying results. From ancient times massage has been used but only recently has the medical profession given the subject the attention it deserves. While recognizing the value of massage, it has been left too much in the hands of uneducated and non-professional masseurs. The various mechanical vibrators which have recently been placed on the market enable the physician to himself apply massage better, with less time and less physical exhaustion than by hand. Every physician should have a vibrator, as he can secure gratifying results from its use. In using a mechanical vibrator it is necessary to have a good text-book as a guide and this book by Dr. Arnold Snow fulfills the requirements.

The book treats the subject from the two aspects—vibra-massage and spinal stimulation. Chapters are devoted to the consideration of apparatus, physiological actions, methods of administration and therapeutic applications of diseases of the circulatory, muscular, nervous and digestive systems. Useful tables are added to the book, giving the motor points of nerves and the action of groups of muscles, with their origin, insertion and nerve supply. There are eight full page half-tone plates illustrating methods of application and fifty other illustrations, including a colored lithograph showing the ganglia and ramifications of the sympathetic nerves.

BOOK NOTES

D. Appleton and Co., 436 Fifth Ave., New York City, have just issued a complete catalogue of their medical and surgical publications. It is freely il-

lustrated, containing excellent portraits of most of the authors and sample illustrations from the books. This catalogue is sent free to physicians.

Some of the leading articles in Suggestion for December are: "Men of Action Made by Auto-Suggestion," by Herbert A. Parkyn, M. D.; "Psychology of Habit," by Prof. James, of Harvard College; "The Value of Today," by Chas. Grant Mills; "Vast World Problems," by Prof. Larkin; "Self Control," by Robert Wayne Harrison. Suggestion is published at 4074 Drexel Boulevard, Chicago. Sample copy free.

The Physicians' Visiting List for 1906 has just been issued by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. This is the fifty-fifth annual issue of this complete and convenient pocket record book. In addition to the pages for the record of visits there are others for memoranda, obstetric and other engagements, etc. The book also contains chapters on incompatibility, poisoning, asphyxia, a good dose table and other valuable tables. The book is substantially bound in leather, arranged for 25 patients per day or week, $1.00; for 50 patients, $1.25..

McClure's Magazine for December presents excellent solid reading and entertaining fiction. William Allen White presents one of his inimitable and charming biographical sketches of Joseph W. Folk, illustrated with portraits and photographs. Carl Schurz continues his "Reminiscences of a Long Life." Ray Stannard Baker writes on "Railroad Rates," what rebates are, how they are paid, who pays them and how they affect industry. Rev. Chas. D. Williams contributes "The Final Test of Christianity." The editor writes a good sketch on Charles Evans Hughes with a portrait of this lawyer who has so ably conducted the life insurance investigation in New York. "Love of Life" is a story by Jack London, with color illustrations. There are many short stories worth reading. McClure's for 1906 will be unusually good and should be read by everyone.

One of the spiciest little journals that comes to the secretary is the American Medical Journalist. It contains many very readable articles, and its last issue seems to be chiefly directed against the various transactions of the American Medical Association, especially against the Journal. We rather think that there is a great deal of truth in what it has to say and advise all who wish to know both sides of the question to read it. It is published by D. A. O'Gormann, of New York.—From the Journal of the South Carolina Medical Association (published under the direction of the Publication Committee of the South Carolina Medical Association), Charleston, S. C., Sept. 21, 1905.

"Soldiers of the Common Good" is Charles Edward Russell's term for the brave and thoughtful men who, in every modern civilized country, are striving to promote the greater welfare of the millions; dramatic and profoundly moving are the tales of these sociological pioneers, which he tells in the opening chapters of his new serial in the December Everybody's. It is a splendid offset, as well, for the appalling disclosures made this month by Mr. Lawson in "Frenzied Finance." A narrative of peculiar interest is that of Ibn Jubayr Ali, who tells of the famous annual Moslem pilgrimage to Mecca, the holy city of the Mohammedans. The remarkable photographs accompanying this article, made by express command of the Sultan of Turkey, are unique in the history of magazine illustration. Two articles of profound interest to women are "The Autobiography of an Old Maid," and the conclusion of Juliet Wilbor Tompkins' remarkable history

of the career of "Ella Rawls Reader, Financier." Effort has been made to make the Christmas number of Everybody's exceptionally strong in fiction. The first instalment of Rex E. Beach's powerful romance of the Alaskan goldfields, "The Spoilers," indicates that this is a pretty close approximation of the long-sought-for "American novel." A great variety of short fiction is also presented.

The opening novelette in the Christmas number of Lippincott's Magazine, "Of the Lion's Breed," is by Grace MacGowan Cooke in collaboration with Vond Reed; and it is good enough to indicate the quality of the seven shorter stories which follow. It is a picturesque romance of the coal fields, strongly dramatic, yet treated with the utmost simplicity. "Josiah Allen's Wife" calls her amusing contribution "The Last Straw." Mrs. I. Zangwill, who still writes under her maiden name, E. Ayrton, is the author of "Don Cupid," a sweet child sketch with a grown-up love interest. Seumas MasManus, the Irish humorist, tells "How Condy Dhu Raised the Devil," and makes it superlatively funny. Ella Middleton Tybout's story, "A Moment of Confidence," shows two pictures of the fireside,—which cynics try to make us believe is obsolete,—very real human pictures, complete in contrast. "The Wildwood Limited" is a story of a locomotive engineer, by Cy Warman, whose name in the line he has chosen has few equals. There are also many other good stories in the number. Marion Harland once spent Christmas in Beth-lehem of Judea. She describes the Christmas ceremonies in the church, which is built on the site of the Manger where Christ was born, and gives much interesting news of the town. A paper on "The Modern Lyceum," by Paul M. Pearson supplies up-to-date information on this live subject; and Wimer Bedford, a veteran, writes an anecdote article on "Some Generals of the Civil War." This will be followed by a second paper of further reminiscences. For $2.65 we send Lippincott's Magazine and The Wisconsin Medical Recorder one year and 1,000 premium labels.

The December number of The World To-Day is overflowing with the best of timely and interesting articles. "The Responsibility of Insurance Officials," is an important article by W. D. Vandiver, the energetic superintendent of the insurance department of the state of Missouri. W. S. Harwood, author of "Outposts of Empire," contributes an interesting illustrated article, "Americanizing the Japanese." "The Swedish-American," by L. G. Northland, tells what the Swedish-American has achieved in this country in half a century. The article is freely illustrated with portraits of prominent Swedish-Americans. "A Lion Hunt in Zambesi," is an entertaining article by C. W. G. Morris, with colored illustrations. "The Land Without Strikes," by W. B. Leffingwell, gives the reasons for the prosperity of New Zealand. The article is beautifully illustrated in color. Other articles in this issue are: "The Paintings of Charles Hovey Pepper," by Allen French; "The Making of a Modern Newspaper," by Alfred Charles William Harmsworth; "Leaders in the Austro-Hungarian Crisis," by Alexander Hegedus, Jr., "Russia in Revolution," by Ernest Poole and William English Walling; "Housekeeping, Old and New," by Marion Talbot; "Orchards in the Desert," by J. L. Laughlin; "New Business Methods in National Administration," by Henry Beach Needham; "The Enforcement Commission of Maine," by Charles E. Owen. The department, "Men and Women of the Month," contains sketches, with portraits, of President Castro, of Venezuela; Nelson O. Nelson, the St. Louis philanthropist; Robert Moran and Ella

Flagg Young. The department, "The Making of To-Morrow," contains a number of short, timely articles. The editorial department discusses current events thoroughly and impartially. For $2.20 we send The World To-day, The Cosmopolitan and The Wisconsin Medical Recorder, one year, and 1,000 premium labels.

The frontispiece of the Christmas Cosmopolitan is a beautiful reproduction in color of a painting by Frederic Remington. Among the other fine features of this issue are two Christmas stories, "Beasley and the Hunchbergs," by Booth Tarkinton, and "Her Stocking," by George Hibbard. Edwin Markham contributes a timely essay, "The Poetry of Jesus," and there is a talk on Christmas by America's grand old woman, Julia Ward Howe. "A Christmas With the Roosevelts in 1765," by Rene Bache, describes how the day was observed in olden times by the family of our President. James L. Ford contributes the second of his exceedingly humorous papers, "Seeing the Real New York." This trip carries the reader through the golden portals of "Society." Garrett P. Serviss tells in most interesting fashion of Luther Burbank's methods of producing plant-transformation. David Belasco writes of the dramatic season, and Robert Hunter has an illustrated article on the hard conditions under which women are compelled to labor in Europe. The second instalment of Mr. Remington's charming idyl of Indian life is printed with the striking illustrations beautifully tinted. There is much illustration in color in this fine number, some of which is of an entirely new nature. For $2.20 we send The Cosmopolitan, The Wisconsin Medical Recorder and either The World To-Day or American Illustrated Magazine, one year, and 1,000 premium labels.

CLINICAL REPORTS

At a regular meeting of the Clinical Society of New York Polyclinic and Hospital some very interesting papers were and case reports presented.

SYRINGOMYELIA.

This patient, presented by Dr. J. C. Lynch, was an Austrian, 44 years of age; married,; no children. Was perfectly well up to ten years ago last August, when she began to suffer from pain and weakness of the upper extremities on attempting to do any work. Her symptoms became gradually worse, and about five years ago her hands became deformed. This deformity is most characteristic, and at once suggests the condition from which she is suffering, syringomyelia. This condition is rare and is due to cavitation of the spinal gray matter or a congenital dilatation of the central canal of the spinal cord, when it is known as hydromyelia, the analogue of hydrocephalus. Syringomyelia is usually the result of a neoplastic process or hemorrhage of the gray matter of the cord and the resulting secondary degeneration of the central portion gives rise to the cavity.

The diagnosis of syringomyelia rests upon the presence of these characteristic symptoms. In this case, as in the majority of instances, all three are present. The existence of any one of the symptoms should excite suspicion, but the presence of any two makes the diagnosis possible.

These symptoms are: 1st, the disturbance of sensation known as Charcot's dissociated anesthesia, i. e., the loss of sensation of pain and temperature in any part of the body, with preservation of the tactile sensibility in the analgesic

area; 2nd, the trophic disturbances in the skin, muscles, bones or joints; 3rd, the progressive muscular atrophy with the accompanying weakness. We also meet with associated conditions, i. e., spastic paralysis, disturbances of tactile senses with pain, transverse myelitis, myelitis involving the posterior columns of the cord; eye symptoms; speech defect.

Syringemeyelia runs a chronic course. It may progress slowly for years, or may remain quiescent, as in the case presented. No treatment is of any value.

GALLSTONES.

Dr. John A. Bodine presented a patient 72 years of age, the mother of a large family. She had suffered more or less pain in the region of her stomach all of her life, but had attributed it to indigestion, never at any time having been jaundiced. Pain became so severe that she consulted a physician a few weeks ago. A diagnosis of gallstones was made, but the speaker did not make up his mind whether or not to advise an operation because of the patient's age. Palliative measures were suggested. Later she demanded relief at any reasonable risk. When the abdomen was opened an appalling mass of adherent omentum and intestines was encountered. The line of cleavage was quickly found and the adhesions broken up. In a bed formed by the adhesions between the colon, omentum and liver, 36 large gallstones were found. There was no bile and not a trace of the fundus of the gallbladder. As soon as the last stone, which was impacted in the neck of the gallbladder, was removed, bile made its appearance. As there was no gallbladder to suture to the wound, the margins of the adventitious cavity containing the gallstones were sutured to the abdominal wound and a tube inserted for drainage.

This case illustrates the amount of destruction that may be accomplished with no symptoms other than those attributed to a long-continued dyspepsia; and it also shows that at 72 years the age limit of the beneficence of general surgery has not been reached.

PARALYSIS OF THE FACIAL NERVE.

Dr. J. A. Bodine showed a patient on whom he had operated five days previously for paralysis of the facial nerve. Twenty-three years ago the woman had had facial erysipelas, which was followed by facial paralysis. At present there was ordinary atrophy and flaccidity of the cheek, the staring eye and the mouth twisted over to the well side. An attempt to cure this patient seemed justifiable, as six cases had been reported in which the dead facial nerve was attached to a nearby motor trunk and two patients had been cured. The best results, however, follow those cases of facial paralysis due to traumatism, as in mastoid operations.

The speaker said he had not attempted an operation for a long time that was easier, technically, than the one he performed on this patient. The facial nerve in this case was represented by a mere fibrous cord, in which, however, some axis cylinder was discovered. The spinal accessory nerve was not utilized, for if it is not cut in two and an end to end anastamosis performed, every time the patient laughs the shoulder jerks. If the nerve is divided, there there is a troublesome atrophy of the shoulder muscles.

For anatomical as well as physiological reasons, the motor nerve selected was the hypoglossal. The muscles of the tongue supplied by this nerve are in closer communication anatomically and physiologically than those of the spinal accessory, although the latter nerve is much more easily found and identified.

Up to the present time the result had been good, but three or four months must elapse before permanent results would be apparent.

HEPATIC COLIC AND GASTRIC CATARRH

By Francis H. Weismann, M. D., New York City.

(Published by The Saint Louis Medical and Surgical Journal, August, 1905.)

The patient, an engineer by profession, of fair size and weight, about 45 years old, of temperate habits, nervous temperament, has been a severe sufferer of hepatic colic and catarrh of the stomach for several years. Although having a fair appetite, the patient had frequent attacks of vomiting a large quantity of mucus and bile.

In addition to the above symptoms, he was troubled with periodical attacks of hepatic colics, which were so severe that I was induced to diagnose his trouble as being caused by the presence of gall stones.

None of the remedies which were prescribed previous to January 5, 1904, seemed to have any beneficial effect, while the periodical acute attacks made their reappearance more frequently (every four or five weeks).

Having read in medical journals several clinical reports in which hydrozone and glycozone were highly recommended in the treatment of diseases of the alimentary canal, I concluded to prescribe hydrozone before meals and glycozone after meals in varying doses for about two months without any appreciable benefit. A dose of castor oil was also administered every other week, while olive oil was given at bedtime.

The patient was growing weaker quite rapidly until an acute attack of hepatic colic which occurred beginning of April, 1904, plainly showed that the above treatment was not powerful enough to subdue the cause of his trouble.

Then I persuaded him to resort to lavage of the stomach with diluted hydrozone.

I commenced treatment on the 5th of April, 1904, with hydrozone 100 grammes, warm water one quart; the stomach was washed every third day in April and every second day in May, when the hydrozone was increased to 150 c c. (about five fluid ounces), and was kept at that amount throughout the treatment; during the month of June the stomach was washed out every day, July every fourth day, August and September once a week.

The improvement was noticeable already at the end of April, when the quanity of bile and mucus was much lessened. In September the benefits derived from this treatment proved conclusively that it had not been used in vain. Internal treatment was by means of glycozone, two teaspoonfuls before and after each meal, and every three weeks a good dose of oleum ricini.

Up to date the patient has not had another attack of hepatic colic since April, 1904, while he is now enjoying good health.

The results that I have obtained in this particular case are so gratifying that I resort now exclusively to hydrozone and glycozone in the treatment of all cases of stomach diseases, and I believe that with the exception of stomach and intestinal disorders resulting from the presence of a malignant growth, all other cases can be successfully treated as above outlined.

218 E. 17th Street.

IDIOSYNCRASY OR SOME OTHER REASON

We meet with many cases in practice suffering intensely from pain, where for an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by antikamnia its action is all that could be desired.

In the grinding pains which precede

and follow labor, and the uterine contractions which often lead to abortion, in tic douloureux, brachialagia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhoea, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative but in very many cases curative. The most available form in which to exhibit these remedies is in "Antikamnia & Codeine Tablets."

The physician cannot be too careful in the selections of the kind of codeia he administers. The manufacturers of "Antikamnia & Codeine Tablets" take every precaution, in fact, they refine and purify every grain of codeia which enters into their tablets. This not only prevents habit and consequent irritation, which follow the use of impure codeia, but it does away with constipation or any other untoward effect.

* * *

Dr. W. Raymond McDannell, of Rockford, Ill., under date of Sept. 11, 1905, writes that having used eusoma with satisfactory results in ulcerative conditions he determined to rely upon it as an antiseptic and antipurulent in a case in which he performed the operation of circumcision under extremely unfavorable conditions.

The patient was an old man of very uncleanly habits who had a number of soft chancres and vegetations which occluded the meatus. It seemed that general infection could scarcely be avoided on account of the personal inclinations of the patient; he would not have anything clean about him; but by keeping the wound soaked for seven days with a wet dressing of eusoma a perfect result was obtained.

Dr. McDannell says that he doesn't often get excited over anything, but eusoma is worthy of recommendation and he is enthusiastic about it.

The active medicinal constituents of each fluid dram of eusoma are, echinacea angustifolia 15 grs., thuja occidentalis 2 grs, and baptisia tinctoria 4 grs.

* * *

J. A. Herring, M. D., Myrtle Springs, Texas, says in the Alkaloidal Clinic: "I have just received the Clinic and find an article by Dr. Thudichum on "Echinacea." I have used it with perfect success for the last five years, first employing Lloyd's specific tincture and later ecthol, from Battle & Co., containing echinacea and thuja. I give the former the credit. And I want to say that it is a specific for all that Dr. Thudichum says. It has been so in my hands. I have just counted the empty ecthol bottles in my office and find twenty-six used in the last year. In fact, people come twenty-five and fifty miles to have me treat old sore shins and the like. It stops boils and carbuncles; and I give it in all glandular inflammations. Pus and ecthol cannot stay in the same place. Try it, doctor, and you will be convinced.

* * *

Sanmetto is a good remedy in urinary trouble. It seems to have a healing and soothing influence in such cases. I have used it internally in years past in gonorrhea as follows:

Tinc. Conii.....30 gtts.
Sanmetto .....8 oz.

with an injection of Kennedy's dark pinus canadensis and listerine with soft water so as not to irritate the parts. It generally heals quickly. Sometimes I have used sanmetto with balsam copaiba and spts. of nitre and mucilage of gum arabic. For injection use soft water and in a day or two inject a mild solution of acetate of zinc. In my hands sanmetto has acted well. W. W. Budlong, M. D., Frankfort, N. Y.